

Exception Report - Additional information for Resident Doctors

Contents:

1. Introduction
2. Exception Reporting System Access
3. Access to Exception Reporting
4. Scope of Exception Reports
5. Exception Report Submission
6. Exception Report Processing / Clarification
7. Exception Report Outcomes
8. Confidentiality
9. Fines
10. Educational Exception Reports
11. Work Schedule Reviews
12. Lead Employer Arrangements
13. Trends, Monitoring, Oversight
14. Audit
15. More Information

1. Introduction:

This applies to all resident doctors (Doctors in training and at CUH Locally Employed Doctors).

The purpose of exception reporting is to ensure prompt resolution and / or remedial action to ensure safe working hours are maintained, secure patient safety, and safeguard the delivery of agreed educational opportunities. (TCS Schedule 5 para 1).

Exception reporting is the mechanism used by doctors to ensure compensation for all work performed and uphold agreed educational opportunities. (TCS Schedule 5 para 2).

As per the principles, doctors should be enabled and encouraged to exception report and should not suffer detriment because of exception reporting.

The underlying ethos to this change should be to empower and trust doctors to conduct themselves professionally, and to remove previously existing barriers to exception reporting.

The overriding assumption is that doctors will behave in a professional manner, with integrity, and always in accordance with the requirements of the General Medical Council's (GMC's) Good Medical Practice.

2. Exception Report System Access:

The named person(s) in the table below have access to all or part of the exception reporting system as part of their job roles in the Trust.

Name:	Role:	Access Type:
Dr Serena Goon	Guardian of Safe Working Hours - GoSWH	Overview of all exception reports
Zoe Searle	Head of Medical Workforce	Overview of all exception reports
Hannah Weeks	Medical Workforce Manager <i>(Deputises for the Head of Medical Workforce)</i>	Overview of all exception reports
Charlene Champ	Guardian Administrator	Verification and approval of exception report for additional hours worked
Sophie Brown	Medical Staffing Manager	Verification and approval of exception report for additional hours worked
Dr Sanjay Ojha	Director of Medical Education - DME	Verification of educational exception reports
Dr Madhavi Vindlacheruvu	Deputy Director of Medical Education <i>(Deputises for both the Director of Medical Education and the Guardian of Safe Working Hours)</i>	Deputy for Educational Exception reports.
Dr Claire Jackson	Deputy Director of Medical Education <i>(Deputises for both the Director of Medical Education and the Guardian of Safe Working Hours)</i>	Deputy for Educational Exception reports.

3. Access to Exception Reporting:

Access is gained from the existing Health Medics address:

<https://www.healthmedics.allocatehealthsuite.com/Core/>

As this is a web-based system it is accessible via any device with an internet connection. The exception reporting tool has been designed to enable access to all screens on mobile devices.

Access is provided to all resident doctors who are contractually entitled to exception report. This includes all doctors in training employed under the terms of the 2016 contract, and at CUH is extended to locally employed doctors on equivalent grades. Exception reporting is also offered to GPVTS Trainees employed under a lead employer, and Academic trainees, employed by the University of Cambridge who contribute to clinical rota's based at CUH. Other posts may be included as required and agreed with the Head of Medical Workforce.

4. Scope of Exception Reports:

Exception Reports can be submitted for **variations to the agreed work schedule** for activities such as:

- All scheduled NHS work under this contract (e.g. any patient facing and non-patient facing activities that is required as part of the doctor's employment).

- Any activities required for the successful completion of the doctors ARCP, including any additional educational or development activities explicitly set out in the doctors agreed personalised work schedule.
- Any activities that are agreed between the doctor and their employer, such as quality improvement, attendance at the RDF (or equivalent) or patient safety tasks directly serving a department or wider employing organisation.
- Any professional activities that the doctor is required to fulfil by their employer (e-portfolio, induction, e-learning, Quality Improvement and Quality Assurance projects, audits, mandatory training / courses).

Exception reporting does not apply to occasions where an individual may choose to undertake educational activities for personal development or career enhancing purposes which are outside of contractual requirements (*TCS Schedule 5 para 2*).

Doctors can use exception reporting to inform the employer when their day-to-day work varies significantly and/or regularly from the agreed work schedule. Primarily these variations are likely to include:

- a. Differences in the total hours of work (including opportunities for rest breaks).
- b. Differences in the pattern of hours worked.
- c. Differences in the educational opportunities and support available to the doctor.
- d. Differences in the support available to the doctor during service commitments.

Exception reports can be submitted for:

- a. An unscheduled early start or late finish.
- b. The inability to take contractual breaks.
- c. The inadequacy of clinical support.
- d. The inadequacy of rostered skills mix.
- e. Missed educational opportunities.
- f. Breaches of non-resident on-call patterns (hours and/or rest).
- g. Raising concerns of a suspected non-compliant rota pattern.
- h. Detriment or threat of detriment related to exception reporting.
- i. Information breach.

An exception report should be submitted as soon as possible, but no later than 28 days after the date of the occurrence. Exception reports submitted after this time will not be accepted and you will be asked to withdraw these on the system.

5. Exception Report Submission:

The overriding assumption is that doctors will behave in a professional manner, with integrity, and always in accordance with the requirements of the GMC's Good Medical Practice. However, as the new process does not allow for the accepted standard of financial governance e.g. pre-approval and authorisation of hours worked by a budget holder for the area, evidencing requirements are now included for ER's to be accepted and approved.

The following information is required for a **shift based** Exception Report to be processed for **additional hours or TOIL**:

- Fully completed exception report with all mandatory fields completed.
- Preference stated for payment or TOIL. When considering their preference, doctors should consider their own well-being alongside their professional responsibility for ensuring that their total hours of work comply with contractual and regulatory limits. To further inform their decision over whether to choose TOIL or payment the doctor can also refer to the hours specified in their work schedule to consider whether they are close to breaching, or have breached, any of the contractual limits on hours or rest requirements.
- A declaration for each submitted ER that the information adheres for the reasons for exception reporting and is accurate to the best of the doctor's knowledge. Should it be found after investigation by the GoSWH that any exception reports are knowingly inaccurate, the Trusts' local policies will be followed, (fraud and grievance processes).
- Access to the doctors live rota - At CUH we are not yet using live rostering and are aware that there is a variety of platforms in use for this. Medical Staffing already have access to a number of googledocs in use, but on occasion we will need to request this as part of the clarification process.
- Electronic evidence of name, time, date, and location of the occurrence (e.g. a timestamped location). **This is not required for non-resident on-call rotas.** The following steps are required to demonstrate the hours have been worked and comply with both the Terms and Conditions of Service (issue 13), and financial governance.

At CUH the requirement is to provide this via the EPIC platform. Residents will be expected to fulfil this requirement by logging on to EPIC at the start (for early starts) or end (for late finishes) of the hours overrun and take a screenshot which includes **your name and the time / date available on the screen**. This should not include any patient identifiable data.

If this is not possible at the time of the occurrence, this information can be accessed from the EPIC platform at the time the ER is submitted. This will need to be attached to the submitted exception report for it to be considered at the initial stage. If this is not attached the ER will be moved into the clarification stage.

- If this is not possible, the doctor declines, or is unable to do so, written electronic corroboration of the additional hours is required to be provided by another regulated clinical professional and attached to the ER for this to be considered at the initial stage. This must be a healthcare professional who is on a statutory professional register (for example, the General Medical Council, Nursing and Midwifery Council, The Health and Care Professional Council), and is able to confirm the accuracy of the reported event.

Additional information must be provided for the following ER's to be processed:

Non-Resident On-call hours (Electronic time/date evidence not required)

- The work schedule includes details of the expected predictable work during the out of hours period of the non-resident on-call shift. The time of the non-residency period is also detailed. Eg resident to 21:00.

- The work schedule also includes an assessment of the expected unpredictable work is any unscheduled activities that occur during an on-call shift, including telephone calls, actively awaiting urgent results or updates and travel time arising from any such calls. Eg 2 hours.
- To determine hours in excess of the rostered predictable emergency time already allocated within the shift, full details of all the time worked and the placement of this within the non-residency period is required.

Non-Resident On-call rest (Electronic time/date evidence not required)

- The expected rest for a non-resident on-call period is detailed in your work schedule.
- *Whilst on-call, a doctor should expect to get eight hours rest per 24-hour period, of which at least five should be continuous rest between 22:00 and 07:00. (TCS Sch 3 para 30).*
- If additional hours are required to be worked, these should be subject to an ER.
- To determine if the contractual requirement of rest has been breached, full details of all the rest achieved and the placement of this within the shift is required.
- If the additional hours result in a breach to the rest regulations, the ER cannot be paid, and TOIL will be mandated.
- Mandated TOIL from missed overnight rest should be taken within 24 hours and it should be recorded within the ER that this has already been received.

Inadequacy of clinical support / rostered skills mix / concerns of a suspected uncompliant rota pattern / detriment or threat or detriment / information breach (Electronic time/date evidence not required)

The additional information section must be completed for ERs of this type to enable an investigation to take place. Failure to do so, will delay the processing of the ER, including any response and resolution.

Inability to take contractual breaks (Electronic time/date evidence not required)

A doctor must receive:

- at least one 30-minute paid break for a shift rostered to last more than five hours,
- a second 30-minute paid break for a shift rostered to last more than nine hours, and
- a third 30-minute paid break for a night shift rostered to last 12 hours or more.
- (TCS Sch 3 para 21).

These breaks can be taken flexibly and if necessary be combined into a single, longer break. ERs should be submitted for all shifts where breaks are not able to be taken so that this can be recorded and monitored over a 4-week period (see below under fines). Additional information should be included as to what prevented the break being missed.

Exception reports submitted for over 2 hours:

Additional safeguards are required when claims are submitted for more than 2 hours. In line with the TCS.

These should be investigated to ensure safe staffing is maintained and this process and outcome will not be subject to an information breach fine. (Sch 5 para 13).

The ER will be discussed with the Specialty lead / Rota Consultant on each occasion before the ER is processed. This is not subject to an information breach and may not be completed within the timeframes for under 2 hours.

6. Exception Reporting Processing / Clarification:

The Guardian Administrator will review the information submitted as part of the ER to ensure the requirements to evidence the hours worked have been met. This process should be completed within 10 calendar days (reduces to 7 calendar days from 5 August 2026).

If the information provided satisfies the requirements the ER can proceed.

If not, the ER will progress to the **HR clarification stage**.

The Guardian Administrator will contact the Dr via the exception reporting platform to clarify the inaccuracy / missing information. The request will be clear on what is required, why this is required, when this needs to be returned.

In response, the doctor can then:

- correct the error, inaccuracy or provide the absent information and resubmit the exception report to HR.
- acknowledge the error and withdraw the exception report.
- clarify and confirm the accuracy of the information provided within the exception report.

If a doctor states that their exception report is accurate (and is continuing to pursue their claim), and this has not been sufficient to satisfy the requirements of the process, the ER will be escalated to the **Guardian of safe working hours review stage**.

If a response is not received within 7 calendar days a reminder will be sent. If a response is not received within a further 7 calendar days, the report will be rejected and closed. A doctor may escalate this to the Head of Medical Workforce or the GoSWH if they believe that their exception report has been unfairly closed.

A doctor can choose to withdraw from the exception reporting process at any point in the process. All exception reporting data, including those which have been withdrawn, will be retained for the GoSWH to allow them to perform their role in checking for potential safety implications, and reporting in the Guardian of Safe Working Hours' Quarterly Report (TCS Annex D para 14).

Guardian of Safe Working Hours review stage:

If this is required, the Guardian Administrator will escalate the ER to the GoSWH for review. The GoSWH can either determine the outcome at this stage or if deemed necessary:

- Discuss the ER with the Guardian Administrator to clarify the issue.
- Contact the resident Dr if further information is needed.

Following this the outcome can be determined (process the ER or reject the ER) and the Guardian Administrator updated.

7. Exception Report Outcomes:

Once the outcome of an ER has been determined the ER can be processed. An assessment will be required to determine if the additional hours mandate the need for TOIL.

If the additional hours worked have caused a breach of rest requirements, TOIL must be taken within 24 hours unless the doctors self declares to be fit for work, and the supervising Consultant agrees, in which case it can be accrued. An exception report will be needed to verify and approve this.

If the additional hours have breached one of the safety requirements within the TCS (see below) TOIL will be mandated:

- A breach of the 48-hour average working week (across the reference period agreed for that placement in the work schedule); or
- A breach of the maximum 13 hour shift length; or
- A breach of the maximum of 72 hours worked across any consecutive 168-hour period; or
- where 11 hours rest in a 24-hour period has not been achieved (excluding on-call shifts); or
- where 5 hours of continuous rest between 22:00 and 07:00 during a non-resident on-call shift has not been achieved; or
- where 8 hours of total rest per 24-hour non-resident on-call shift has not been achieved.

Some of these cannot be tested until live rostering has been fully rolled out. Until this time the following breaches will be subject to mandated TOIL:

- A breach of the maximum 13-hour shift length.
- where 5 hours of continuous rest between 22:00 and 07:00 during a non-resident on-call shift has not been achieved; or
- where 8 hours of total rest per 24-hour non-resident on-call shift has not been achieved.

Payment - If payment has been selected by the doctor and this is approved the ER will be closed on the system. Pending the rollout of live rostering, a report will be downloaded monthly and sent to payroll to be processed for payment. If the Doctor is employed by another organisation but CUH remains responsible for processing ER claims, the report will be sent to the relevant payroll team e.g. University of Cambridge (for Academic trainees) / West Mersey and Lancashire (for GPVTS trainees).

Depending on payroll deadlines, payment will be requested for the next available monthly payroll date.

TOIL - When an exception report outcome of TOIL is approved, an outcome will be issued to the doctor from the ER system. This will contain the following key information.

- An identifier for the exception report.
- The date of approval of award.
- The duration of time off in lieu awarded.

- the deadline to contact their clinical team, which is either 7 calendar days (10 calendar days until 4 August 2026).

The Doctor must forward the outcome email to the appropriate person in their department, within 10 calendar days of receiving the outcome. In most specialties this will be the Rota Co-ordinator. Information concerning this will be provided as part of the local induction, but this is also listed on the work schedule.

The TOIL must then be mutually agreed and scheduled within 10 calendar days (reducing to 7 calendar days on 5 August 2026). This should be rostered to happen within normal hours (07:00-19:00 Monday to Friday), and before the end of the rota cycle / placement. It is expected that the TOIL is added to the live roster without a reason noted.

If the TOIL award is shared more than 10 calendar days after the award, clinical teams are encouraged but not mandated to facilitate its allocation.

Where the award is granted within 10 calendar days of the end of a doctor's placement or employment, time off in lieu cannot be transferred to a subsequent placement, or employer, and clinical teams are encouraged but not mandated to facilitate its allocation.

If TOIL for this reason cannot be facilitated by clinical teams, these teams must notify both the doctor and the Guardian Administrator to allow the award to be converted to payment.

After the TOIL is agreed, this must be noted on the ER.

8. Confidentiality:

To protect doctors from detriment or the fear of detriment it has been agreed that exception reporting data must be treated as confidential and cannot be accessed, shared, or requested to be shared without the doctor's explicit consent, outside the specific pathways covered in the Terms and Conditions of Service.

Identifiable data is that which specifically includes the doctor's name, contact details or any content what clearly links the exception report to the doctor. Unless the doctor has given their consent, this can only be shared to or accessed by HR, Guardian of safe working hours, DME their nominated deputies and payroll.

This does not apply for exception reports that have been submitted for more than 2 hours.

In specific circumstances whereby a senior manager or member of the board of directors is presented with an overriding public interest or has a legal obligation. In such cases, the Guardian of safe working hours must be notified of the action taken by the employer.

Proven improper access, mishandling or unauthorised sharing of identifiable exception reporting data constitutes an information breach. If a doctor suspects their identifiable information has been accessed or shared inappropriately, they may submit an exception report detailing this, and an investigation will be launched. If this is proven, an information breach fine will be levied.

An instance of information breach is described as follows:

- a. If multiple doctors are affected in a single unauthorised exception reporting data disclosure, a separate penalty will be applied for each affected doctor.
- b. If multiple unauthorised exception reporting data disclosures occur over time related to a single doctor, a separate penalty will be applied for each individual instance.
- c. If information related to multiple exception reports from a single doctor is leaked to multiple individuals in a single instance, a single penalty will be applied for that instance.

The penalty is £500 per doctor per instance for a proven information breach and will be applied from 4 February 2026.

Non identifiable data includes aggregated data, statistical information and any content that has been anonymised to remove identifying features. The sharing of this data has no restrictions. This data will be used to:

- Inform Management Executive, Divisional leaders, and the Board (in GoSWH/DME reports) of trends and costs of exception reporting.
- Inform departments of trends of exceptions submitted with a view to identifying issues and putting plans in place to effect change.
- Finance teams will also have access to exception reporting costs as part of normal financial management.

9. Fines:

Access and Completion - Penalties will apply for a proven 'access and completion' breach, of £250 per doctor per week from 4 February 2026 to 3 August 2026. This will increase to £500 from 4 August 2026. This fine will be levied against the Medical Staffing department.

Information breach - Penalties will apply for a proven information breach, of £500 per doctor per instance from 4 February 2026. This fine will be levied against the source of the proven information breach.

These fines will be paid into the central GoSWH cost centre and will not be paid directly to doctors.

Existing Fines - (safe working hours, missed breaks and information breaches) - Penalties paid as per the TCS shall be levied against the specialty and received into the GoSWH cost centre. This will be separated into specialties and administered by the Guardian of safe working hours. If any fines received into these localised funds are unspent after four months of being received, they will be transferred into the central fund.

If an ER is submitted for **missed breaks** this will be monitored. A record will be opened from the day of the first missed break, which will include a copy of the doctors live rota for the 4-week period to determine how many shifts are expected in this 4-week reference period. All subsequent ER's for missed breaks for the doctor will be added to the record. If it is demonstrated at the end of the 4-

week monitoring period that breaks have been missed on at least 25% of occasions, a fine will be levied as per the Terms and Conditions of Service.

The fine will be levied against the specialty at transferred to the GoSWH fines cost centre.

Disbursement of fines - *The money raised through fines must be used to benefit the education, training and working environment of trainees (TCS Sch5 para 30).*

A process will be developed to confirm how doctors may apply to access funds, the approval mechanism, and some guidance around what the funds may be used for.

10. Educational Exception Reports:

ERs are permitted as a way of reporting when expected educational opportunities have been missed or are unable to be taken. **This is separate to the process for claims for additional hours/TOIL for hours that may have been worked for the reasons highlighted above.**

If appropriate educational opportunities are not included in the training opportunities part of the work schedule this requires a discussion with the educational supervisor.

Unless required by your employer or agreed with the educational supervisor, exception reporting does not apply to 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.

Educational ER's will be reviewed by the DME and/or their deputies. Additional information will need to be provided to allow an assessment to be made.

For an educational ER to be progressed permission will be required to allow the DME to share the information with the resident's educational supervisor. A decision will then be made to determine:

- If the activity is within the categories above.
- If the activity needs to be reinstated or if there are other opportunities available.
- How the activity may be recovered.

The ER will then be updated on the system and recorded for monitoring purposes. Educational ERs are contained within the DME board report.

11. Work Schedule Reviews:

A formal work schedule review can be triggered from various sources for a variety of reasons. Drs will be asked to give permission to use identifiable data to make the required discussions more meaningful, but if this is not given non identifiable data will be used.

The purpose of the conversations will be to agree the issues that need resolution and to formulate a working plan to effect change.

12. Lead Employer Arrangements:

Doctors in these circumstances will be added to CUH ER system, and this process will apply. The Guardian Administrator will notify the Lead Employer of any payments for additional hours worked.

13. Trends, Monitoring, Oversight:

Reports will be produced monthly for all types of ERs. These will be reviewed on an organisational level by the GoSWH and the Medical Workforce Manager. From these, various anonymised reports will be produced:

- Monthly report to Workforce Education Committee (as ER has been incorporated into the 10-point plan) to allow a more granular review and oversight from Divisional leadership teams.
- Monthly report to specialties detailing trends by area (depending on specialty and size of department). The creation of an action plan will be developed at this stage.

Exception reports will continue to be reviewed to check for trends. This is on an individual basis and across rotas. Individually if trends are spotted these will be explored further by the GoSWH, initially involving a conversation with the Doctor to understand if the issues are individual or part of a wider problem.

If trends are spotted across rota's, this will be highlighted on the monthly specialty reports, and a meeting will be organised to discuss the issues and to make an action plan for recovery. This may involve a formal work schedule review. Doctors may need to be contacted prior to this stage if the reasons for the ER's are not clear from the reports submitted.

14. Audit:

To provide some financial assurance, an audit process will be instigated. This will require 10% of ER's that require payment / TOIL to be randomly selected and subject to further checks to provide assurance that the agreed process is being followed.

15. More Information on Exception Reporting:

The Terms and Conditions of Service (Issue 13) and associated guidance documents can be found on the NHS employers' website.

[Exception reporting reform update | NHS Employers](#)