

How to Exception Report - A Practical Guide for Resident Doctors

Contents:

1. Introduction - What is Exception Reporting?
 2. How do I access the system?
 3. When Should I Submit an Exception Report?
 4. What Activities Count?
 5. How Quickly Must I Report?
 6. How Do I Submit an Exception Report (including Test)?
 7. Non resident on call
 8. Other Exception Reports
 9. Immediate Safety Concerns
 10. What happens after I submit an ER?
 11. Payment vs TOIL
 12. Educational Exception Reports
- Additional Resources

1. Introduction

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

It exists to ensure:

- Your working hours remain safe and compliant.
- You receive the educational opportunities you were expecting.
- Patient safety risks are identified early.
- You are appropriately compensated for additional hours worked.

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.

This guide covers, **when** and **how** to submit an exception report, and **what** happens after you have submitted an exception. Exception reporting is a professional responsibility and a key mechanism to keep you, your colleagues, and your patients safe.

2. How do I access the system?

You will receive your login details from the system within 7 days of commencement in post, your account is typically set up using your personal email address and changed over to your NHS.net email address once we have received this.

If you have previously been registered with this system for exception reporting at another Trust, your account will move across on day 1 of your commencement in post with the employer details updated to CUH.

If you have either, not received your login details or you are not able to login to the system, please contact the Guardian Administrator at cuh.guardian@nhs.net for further support.

3. When Should I Submit an Exception Report?

You should submit an exception report when your day-to-day work varies significantly and/or regularly from your work schedule, such variances may include differences in:

- Total hours worked (includes opportunities for rest breaks).
- Pattern of hours worked.
- Educational opportunities.
- Support available during service commitments.

Other reasons include missed educational opportunities, information breaches, experience of detriment or threat of detriment, and access and completion breaches.

Whilst the Trust does not expect there to be any matters of probity, 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. To comply with financial auditing requirements, spot checks will be performed and matters of probity will be investigated.

4. What Activities Count?

- All scheduled NHS work - e.g. any patient facing, non-patient facing work which is required as part of your employment.
- Activities required for successful completion of your ARCP as per personalised work schedules.
- Activities required by your employer. (*QI, RDF attendance, patient safety tasks*)
- Professional activities required by your employer. (*E-portfolio, induction, e-learning, QI and QA projects, audits, and mandatory training*)

These activities do not include educational activities for personal development or career enhancing purposes, which are outside contractual arrangements, personalised work schedules or are not essential to pass ARCP.

5. How Quickly Must I Report?

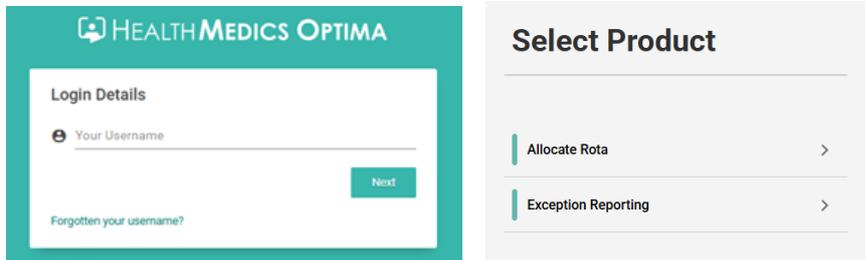
You should submit your exception report as soon as possible after the event, but no later than 28 calendar days after it occurred. Exception reports submitted outside of this time frame will **not** be accepted.

6. How Do I Submit an Exception Report?

Log into the exception reporting system:

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

On your first sign in the system will prompt to reset your password and update your personal information. On completion of this initial step and every time you log in afterwards, you will be directed to the menu screen where you need to navigate to Exception Reporting.

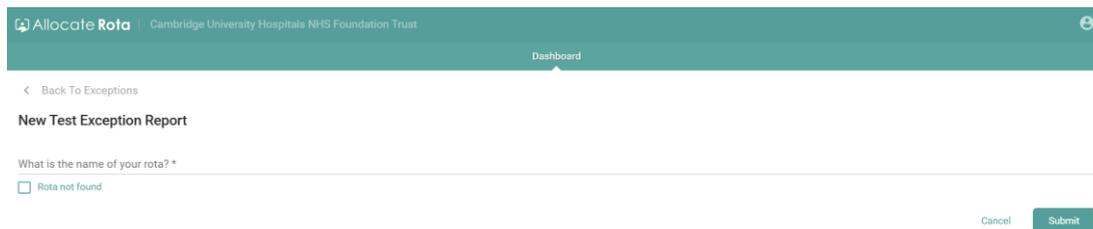


Access and Completion 'Test' exception report:

It is your responsibility to ensure that you can access the system, submit an exception report, and select your rota.

To start your Test exception report, select the Report Test Exception button on the top right-hand side of your ER dashboard, this will take you to a new Test Exception Report form.

Begin by entering the name of your rota as per your work schedule, once you start typing in the box different rotas will come up on the drop-down list for you to select.



If you cannot find your rota from this list, please tick the rota not found box and add a comment with the name of your rota. Finally, select submit Test exception report.

If this is not possible, please email cuh.guardian@nhs.net where this will be investigated and rectified within 7 days of the issue being raised. If this has not been rectified within this period, the GoSWH will levy a fine against the Medical Staffing department, unless this is not within the control of the organisation.

Starting your exception report:

Select the [Report Standard Exception](#) button at the top right-hand corner of your dashboard, this will take you to the [New Standard Exception Report](#) form. You must complete all the mandatory fields marked with an *, attach the required evidence (hours-based ERs), and tick the declaration box.

This is what your new Standard Exception Report form will look like.

< Back To Exceptions

New Standard Exception Report

What would you like to report? *

What date did this occur? *

Where were you working? *

What is the name of your rota? *

Select the shift you worked? *

Is this the specialty you're working? *

Is this your grade? *

I confirm that the information I am submitting adheres to the reasons for exception reporting as per paragraph 12 of the Doctors in Training Contract (England, v13) and is accurate and to the best of my knowledge.

Cancel Save Submit

Choose the type of exception (e.g. late finish, missed break):

Select a relevant type of exception category from the drop-down list in the form:

- a. An unscheduled early start.
- b. An unscheduled late finish.
- c. The inability to take contractual breaks.
- d. The inadequacy of clinical support.
- e. The inadequacy of rostered skills mix.
- f. Missed educational opportunities.
- g. Breaches of non-resident on-call patterns.
- h. Raising concerns of a suspected non-compliant rota pattern.
- i. Detriment or threat of detriment related to exception reporting.
- j. Information breach.
- k. Access and completion test. *(This refers to your ability to access or complete an ER).*
- i. Optional free text box. *(Please fill this in! In some cases, we need additional information to process the claim and prevent contacting you for more information. In all cases, the more we can understand about the exception report, the easier it is to drive change).*

Select the correct date:

Select the date of the exception occurrence from the calendar.

2026
Wed, Jan 28

< January 2026 >

M	T	W	T	F	S	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Cancel Ok

Select the correct rota:

Select your rota to match the rota listed in your work schedule from the drop-down list, do note:

- Currently this list includes all live and old rota's that we have used at CUH. Until this is resolved, it is quicker to search by name.
- The name of your rota is detailed on your work schedule.
- If you are LTFT, please select the main rota on which you work – this will also be detailed on your work schedule.

What is the name of your rota? *

- Academic FHO2 2025
- Academic Surgery ACF 2016
- Acute core August 2025
- Acute HST Sept 2025
- Allergy & Immunology
- Anaesthesia ACCS Aug 25
- Anaesthesia Higher Aug 24 - 60% - NWD Wed/Thurs
- Anaesthesia Higher Aug 24 - 60% NWD - Tues/Thurs
- Anaesthesia Higher Aug 24 - 70% NWD Tues/Wed

(Example - searching for your rota)

Select the correct shift rostered:

Select the correct shift that you were rostered to work from the drop-down list. *(Please note that the shifts listed below are an example and may not reflect the shift times allocated to you as part of your rota and work schedule)*

- Weekend ward, 08:30-21:30, 13:00hrs
- A, 08:30-18:00, 09:30hrs
- Night take, 21:00-09:00, 12:00hrs
- Nights, 20:30-09:00, 12:30hrs
- Day take, 08:00-18:00, 10:00hrs
- T2, 09:00-17:00, 08:00hrs
- Evening take, 12:00-22:00, 10:00hrs
- Nights - Weekend, 20:30-08:30, 12:00hrs

Entering the number of additional hours worked (if applicable):

For the system to calculate, the additional hours you have worked on the date of your exception, enter either:

- a) The actual start time for an unscheduled early start.
- b) The actual finish time for an unscheduled late finish.

Select the shift you worked *

A, 08:30-18:00, 09:30hrs

What time did you actually end the shift? (hh:mm 24-hour format) *

19:00

Extra normal time hours: 01:00:00
Extra enhanced hours: 00:00:00

(Example b - unscheduled late finish)

Select the shift you worked *

A, 08:30-18:00, 09:30hrs

What time did you actually start the shift? (hh:mm 24-hour format) *

07:30

Extra normal time hours: 01:00:00
Extra enhanced hours: 00:00:00

(Example a - unscheduled early start)

Safe Working confirmation (11 hours of rest following this shift):

The safe working confirmation box will be automatically ticked to confirm that 11 hours of rest has been achieved following the end of a reported shift, and before the start of the next shift.

Safe working confirmation (untick if not achieved)

11 hours of rest following this shift can be achieved

Please **untick** this box if the statement is incorrect, if this rest rule has been breached and provide additional supporting information in the further information field. *(Please note that a different rest rule apply when you are on-call)*

Any further information you wish to provide for this exception

When you untick the box, the message below will pop up.

You've indicated that the following safe working requirement was not met:
11 hours of rest prior to starting this shift

Please confirm this is correct.

To support an appropriate review and outcome, supporting evidence is required.

Cancel

Confirm

Reporting an Immediate Safety Concern (ISC) retrospectively (within 24 hours of occurrence):

Tick 'Yes' if you are reporting an ISC occurrence to the GoSWH retrospectively.

Did this exception pose an immediate safety concern? (retrospective) *

Yes No

Please ensure that you have followed the local internal reporting/escalation process to highlight an ISC (see section 8 for full details).

Payment or TOIL:

Select either your preference of payment or TOIL in this field.

Would you prefer payment or TOIL? *

Payment TOIL

Required evidence if claiming for additional hours worked:

At CUH the EPIC platform has been agreed as the proxy to provide time/date evidence of additional hours worked. You 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 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 overrun, you can go back into EPIC at the ER is submitted.

You will need to attach the screen shot to the ER for it to be considered at the initial stage.

If you can't do this, or you choose not to, you can ask another regulated clinical professional to provide written electronic corroboration of the additional hours worked.

The file is then attached to your exception report using the attach file button in the form, for your ER to be considered at the initial stage. If the evidence is not attached to your ER, this will be moved to the clarification stage.

Please note that these steps are required to demonstrate a safeguard to public money and it's use and therefore will be subject to monitoring, board level oversight and audit.

Helpful attachments may include timestamps (including geolocation), electronic records, emails, or other information that supports the details in this exception report.

 Attach file

 Report another exception for the selected date

Providing further information and clarification:

In this section (free text box), you can provide the reviewer with supporting information of your exception or provide additional information when further clarification is requested.

Report another type of exception for the selected date:

In this field you can select a different type of exception for the selected date. *(e.g. missed educational opportunity, the inability to take contractual breaks etc.)*

 Report another exception for the selected date

Selecting your Specialty and Grade:

Please check if this is accurate, and if not use the drop-down menus to amend.

Ticking the declaration:

Tick the declaration box, to submit your ER and confirm that all information provided is accurate and correct.

I confirm that the information I am submitting adheres to the reasons for exception reporting as per paragraph 12 of the Doctors in Training Contract (England, v13) and is accurate and to the best of my knowledge.

Cancel

Save

Submit

Submitting your exception report:

In the final step, you have the option to either:

- Select submit, for your ER to go to the relevant reviewer. *(Either the GoSWH, DME, or Verification manager depending on the type of exception report submitted)*
- Select save, to come back and edit your ER later.
- Select cancel - to cancel your ER.

Cancel

Save

Submit

7. Non-Resident on call (Electronic time/date evidence not required)

Your 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, and an assessment of the expected unpredictable work.

If the activity overnight exceeds this, considering an average of shifts, you should submit an exception report.

An assessment will be needed against the rest requirements of an on-call shift, and therefore full details of all the rest achieved and the placement of this within the shift is required.

Breaches to the rest regulations are subject to mandatory TOIL. 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.

8. Other Exception Reports

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).

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. Please include details on what prevented the break being missed.

Exception reports submitted for over 2 hours:

These 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.

9. Immediate Safety Concerns

If there is an immediate risk to a patient or a doctors' safety, please ensure that you always:

- Raise this verbally at the time of the occurrence with your responsible consultant or senior. *(This will be the supervising consultant if in hours and the consultant on-call if out of hours).*
- Escalate according to the local patient safety processes (e.g. DATIX).
- Submit an exception report. *(Within 24 hours of concern).*

10. What Happens After I Submit My ER?

Your ER will be received and considered by the appropriate reviewer. This will include a check to determine if all the required information has been received.

Depending on the type of ER, an assessment will be undertaken regarding mandatory TOIL, fines, monitoring, escalation to the HR clarification stage or to the GoSWH.

11. Payment vs TOIL

An assessment will take place to determine if the additional hours have caused a breach of safe working hours and therefore mandate the need for TOIL. If the additional hours have caused a breach of the rest requirements, TOIL should be taken within 24 hours unless you self declares to be fit for work, and your supervising Consultant agrees, in which case it can be accrued. An exception report will be needed to verify and approve this.

Payment – If you have selected payment and this is approved the ER will be closed on the system. The relevant payroll department (CUH / University of Cambridge (for Academic trainees) / West Mersey and Lancashire (for GPVTS trainees) will be sent a report monthly with a request to process the payment.

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 you from the ER system. This will contain key information.

You will then need to forward the outcome email to the appropriate person in your department, within 10 calendar days of receiving the outcome. In most specialties this will be the rota co-ordinator and is detailed 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 (0700-1900 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, the team have been advised to notify both you and the Guardian Administrator to allow the award to be converted to payment.

After the TOIL is agreed, you must update the ER to confirm this.

12. Educational Exception Reports

If your training has been affected (e.g. missed clinics or teaching), you can submit an educational exception report. These will be reviewed by the Director of Medical Education to improve training quality. Permission will need to be given to enable this to be discussed with your educational supervisor. This is needed to determine if, how and when the missed educational activity can be rescheduled.

Additional Resources

Exception Reporting – additional information for residents:

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](#)