

Exception Reporting
Frequently Asked Questions (FAQ)

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Useful information

- The Guardian of Safe Working of Hours (GoSWH) is **Mr Fouad Chaudhry**
- The Director of Medical Education (DME) is **Mr Atiq Rehman**
- For access issues email dgft.gosw@nhs.net
- For exception reporting matters email dgft.exception.reporting@nhs.net

What is exception reporting and who it applies to?

Exception reporting applies to all doctors and dentists in training (referred to collectively hereafter as ‘the doctor’) who are employed under the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 (2016 TCS)

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. Exception reporting is also the mechanism used by doctors to ensure compensation for all work performed and uphold agreed educational opportunities.

How do I access exception reporting?

The exception reporting system used at this Trust is Allocate. The postgraduate team will provide access to exception reporting within 7 calendar days of you starting employment or work.

On your start date you should have received an email from Allocate software containing a link to register to enable you to exception report if required (please also check your junk mail). Once you have your log in details, please log in and familiarise yourself with the system.

If you have not received an email from Allocate or you are unable to access the exception reporting system, please email dgft.gosw@nhs.net

if you are unable to complete an exception report, please email dgft.exception.reporting@nhs.net

What can I exception report?

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 (but are not limited to):

- 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, and/or
- d) differences in the support available during service commitments.

I have been told to not exception report, what should I do?

If you receive any form of negative feedback after raising an exception report, this should be escalated to the guardian of safe working via email dgft.gosw@nhs.net

How do I submit an exception report using the software?

The software provider has kindly put together a user video to support.

To play the video in Vimeo, please use this link: <https://vimeo.com/1158753960/120d4e0d85>

When should I submit an exception report?

You are required to submit an exception report as soon as possible, but no later than 28 calendar days after the date of occurrence, unless prevented by extenuating circumstances (e.g. parental leave or long-term sick leave) or other reasons outside their control and deemed acceptable by the Guardian of safe working hours

Where 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) and you should submit a Datix along with your exception report.

What should I include when submitting my exception report?

When providing evidence of exception reports, you must provide honest and current evidence to the authoriser. During the exception report submission, you will confirm via self-declaration that the information they are submitting adheres to the reasons for exception reporting and is accurate to the best of your knowledge.

For a request for additional hours to either be paid or taken as TOIL you are required to provide evidence of the time, date and location of the event. This could take the form of screenshotting your location on a map platform on your phone before you leave, or on arrival at work, if commencing work earlier than scheduled.

In the event that you experience any difficulties providing evidence via Allocate or if this software fails, you can email dgft.exception.reporting@nhs.net This submission needs to be associated with the exception report, so this should reference the unique report identifier code for the exception report.

I work a non-resident oncall shift, how am I expected to provide evidence?

For doctors working on NROC shifts, the requirement for them to evidence the location of the occurrence that necessitated the exception report does not apply. This is reflective of how actual work performed during a non-resident on-call (NROC) shift may not occur on an NHS site and could instead be remote (that is, via phone call providing advice) or on a non-typical work site.

Instead, you should evidence the time and date of the work undertaken on NROC shifts. This could take the form of: the call log, showing the call where you provided advice, or which prompted you to undertake work; non-confidential, or redacted, emails demonstrating your undertaking of work during the NROC shift; if available and applicable, the switchboard call log; screenshots of a bleep app demonstrating you being notified of the need to undertake work.

I cannot provide electronic timestamped time, date and location, what can I do?

It may not always be possible to evidence the time, date or location of the occurrence that necessitated an exception report. This could be for a multitude of reasons such as a GP registrar on a home visit would not be able to reveal the location of a patient's home or the relevant shift was simply too busy that you forgot to make a record of their time, date and location.

To satisfy the evidencing requirement in these circumstances, you can have your exception report corroborated by another regulated clinical professional. 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. For example, a nurse, physiotherapist, midwife, pharmacist, or another doctor.

This corroboration should be an electronic record of communication (an email from their NHS email account), confirming that you did undertake the work that necessitated the exception report. This is required so that the evidence is available for auditing purposes.

Where possible, the evidence should be uploaded to the software platform in retrospect.

Why am I being asked to provide evidence?

There is an obligation upon employers to safeguard public money. As exception reports will no longer be reviewed by a staff member in the immediate team, no sense checking can be performed, therefore supporting evidence is now required to ensure that public funds are being spent appropriately and exclusively for valid claims.

Who will manage my exception report?

All exception reports go to the Guardian of safe working hours, who will monitor exception reporting data as part of their role.

Exception categories	Who can view/action
An unscheduled early start and/or late finish	Medical Workforce (Verification manager) and GoSWH
Breach of non-resident on-call patterns: Hours	Medical Workforce (Verification manager) and GoSWH
Inability to take contractual breaks	GoSWH
Inadequacy of clinical support	GoSWH
Inadequacy of rostered skill mix	GoSWH
Raising concerns of a suspected uncompliant rota pattern	GoSWH
Detriment of threat of detriment	GoSWH
Information breach	GoSWH
Breaches of non-resident on-call patterns: Rest.	GoSWH
Missed education opportunity	DME

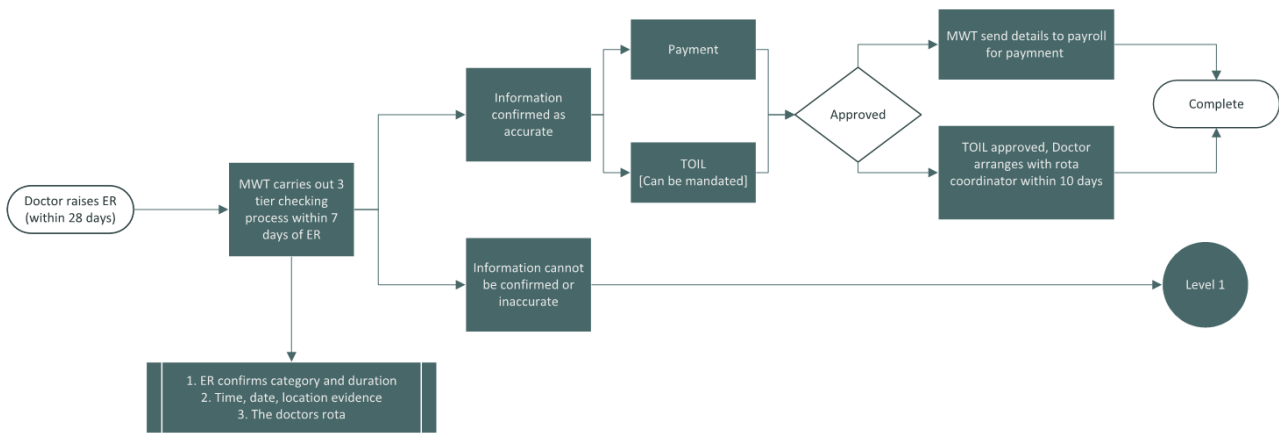
The DME will review the outcome of the educational exception reports to identify whether further improvements to the doctor's training experience are required.

Exception reports for 2 hours or less will be reviewed by Medical Workforce. Exception reports for more than two additional worked hours will be subject to a locally determined process.

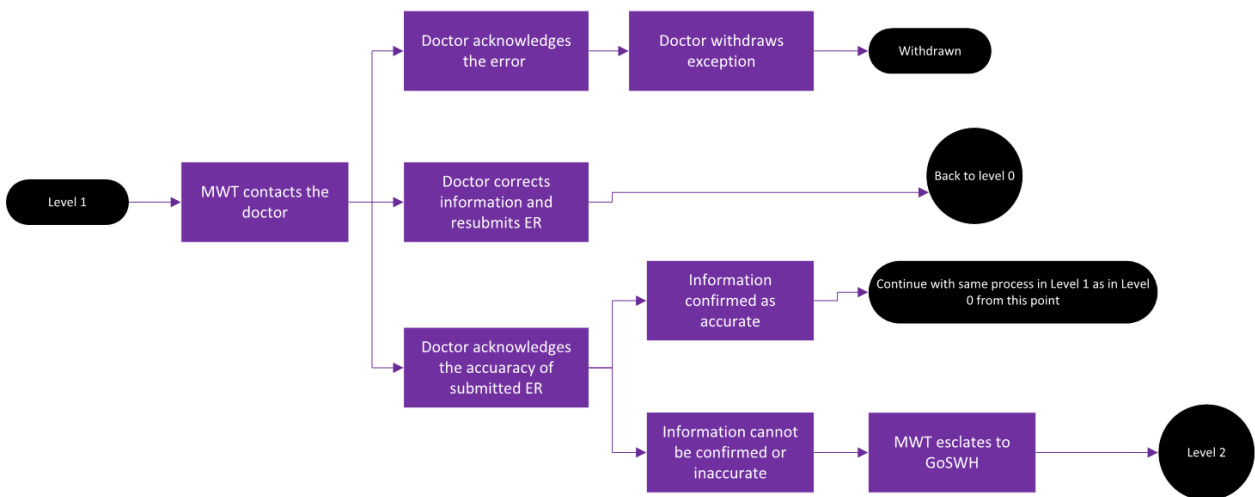
What happens next?

All submitted exception reports are reviewed and actioned by no later than 7 calendar days (10 calendar days until 4 August 2026). For claims for additional hours or TOIL the process will be as identified below.

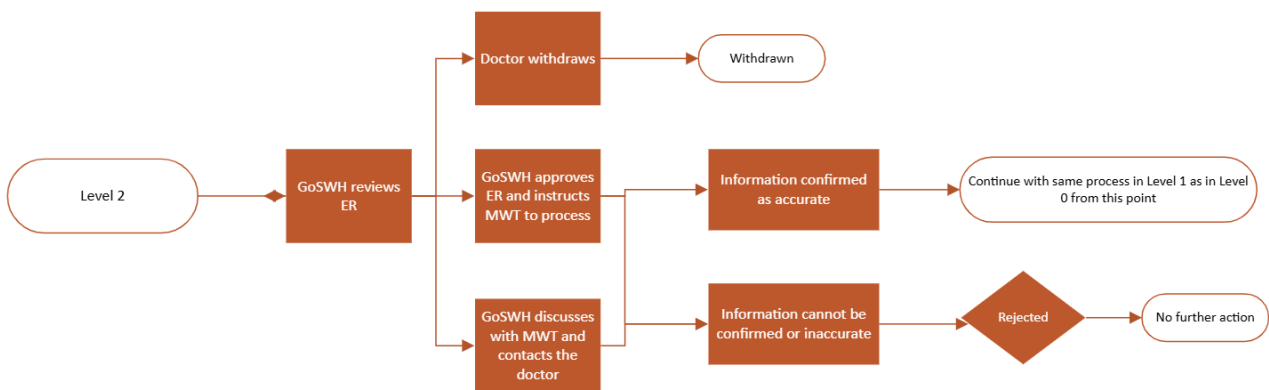
Level 0: Review exception report [additional hours]



Level 1: Clarification [Additional hours]



Level 2: Escalation [additional hours]



Time off in lieu

