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Junior Doctors Exception reporting Policy.

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Approval committee	Version	Issue date	Review date	Document author
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1. Purpose

The purpose of exception reports is to ensure prompt resolution and / or remedial action to ensure that safe working hours are maintained. The purpose of work schedule reviews is to ensure that a work schedule for a doctor remains fit for purpose, in circumstances where earlier discussions have failed to resolve concerns.

2. Exception Reporting Process

Exception reporting is the mechanism used by doctors to inform RBCH when their day-to-day work varies significantly and/or regularly from the agreed work schedule. Primarily these variations will be:

- 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, and/or
- d. Differences in the support available to the doctor during service commitments.

Exception reports allow Royal Bournemouth and Christchurch Hospital the opportunity to address issues as they arise and to make timely adjustments to work schedules.

Exception reports should include:

- a. the name, specialty and grade of the doctor involved
- b. the identity of the educational and / or Clinical supervisor
- c. the dates, times and durations of exceptions
- d. the nature of the variance from the work schedule, and
- e. an outline of the steps the doctor has taken to resolve matters before escalation (if any).

The doctor will send exception reports electronically to the educational and / or Clinical supervisor. This should be as soon as possible after the exception takes place, and in any event within 14 days (or 7 days when making a claim for additional pay, as per schedule 2 paragraph 62-68 of the TCS)

The doctor will copy the exception report to the Director of Medical Education (DME) in relation to training issues, and to the Guardian of Safe Working hours in relation to safe working practices. In some cases, the doctor may copy the report to both.

Upon receipt of an exception report, the Educational / Clinical supervisor will discuss with the doctor what action is necessary to address the reported variation or concern. The supervisor will set 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 or Guardian of Safe Working hours as appropriately identified in paragraph 6 above.

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

The Guardian of Safe Working hours will review the outcome of the exception report to identify whether further improvements to the doctor's working hours are required to ensure that the limits on working hours outlined in these TCS are being met.

3. Breaches incurring a financial penalty

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 in paragraphs 11-12 below.

Where such concerns are validated and shown to be correct in relation to:

- a. a breach of the 48-hour average working week (across the reference period agreed for that placement in the work schedule); or
- b. a breach of the maximum 72-hour limit in any seven days; or
- c. that the minimum 11 hours' rest requirement between shifts has been reduced to fewer than eight hours

The doctor will be paid for the additional hours at the penalty rates set out in Schedule 2, paragraph 68 of these 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, paragraph 68 of these TCS.

Where a concern is raised that breaks have been missed on at least 25% of occasions across a four week reference period, and the concern is validated and shown to be correct, the Guardian of Safe Working hours will levy a fine at the rate of twice the relevant hourly rate for the time in which the break was not taken.

Additionally, to ensure that no further breaches occur, a work schedule review may be required as set out below.

4. Disbursement of fines

The money raised through fines must be used to benefit the education, training and working environment of trainees. The Guardian of Safe Working hours should devise the allocation of funds in collaboration with the employer/host organisation junior doctors' forum, or equivalent. 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 and which should be provided by the employer/host organisation as standard.

The details of the guardian fines will be published in the organisation's annual financial report (accounts), which are subject to independent audit. The guardian's annual report will include clear detail on how the money has been spent.

5. Immediate safety concerns

Where an exception report indicates concern that there is an immediate and substantive risk to the safety or 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.

The employer has a duty to respond as follows:

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. 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) remedial action is taken.

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.

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

6. Work schedule review process

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 paragraphs 19-33 below will apply.

The educational supervisor shall meet or correspond with the doctor as soon as is practicable, ideally no later than seven working days after receipt of a written request for a review. Where this is in response to a serious concern that there was an immediate risk to patient and/or doctor safety as described in paragraphs 16-17 above, this must be followed up within seven working days.

The conversation between the doctor and the educational supervisor will lead to one or more of the following outcomes:

- a. No change to the work schedule is required.
- b. Prospective documented changes are made to the work schedule.
- c. Compensation or time *off* in lieu is required.

- d. Organisational changes, such as a review of the timing of ward rounds, handovers and clinics, are needed.

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.

The outcome of the conversation will be communicated in writing.

If dissatisfied with the outcome, the doctor may formally request a level 2 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.

A level 2 review discussion shall take place no more than 21 working days after receipt of the doctor's formal written request. A level 2 review requires a meeting between the educational supervisor, the doctor, a service representative and a nominee either of the director of postgraduate medical education (where the request pertains to training concerns) or of the Guardian of Safe Working hours (where the request pertains to safe working concerns). Where the doctor is on an integrated academic training pathway, the academic supervisor should also be involved.

The discussion will first consider the outcome of the level 1 conversation and will result in one or more of the following outcomes:

- a. The level 1 outcome is upheld.
- b. Compensation or time off in lieu is required.
- c. No change to the work schedule is required.
- d. Prospective documented changes are made to the work schedule.
- e. Organisational changes, such as a review of the timing of ward rounds, handovers and clinics, are needed.

The outcome shall be communicated in writing.

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.

The final stage for a work schedule review is a formal hearing under the final stage of the employer's local grievance procedure, with the proviso that the DME or nominated deputy must be present as a member of the panel.

This shall take place in accordance with the ACAS Code of Practice on Discipline and Grievance in the workplace, and the hearing will take place within the timeframe specified in the local grievance procedure.

Where the doctor is appealing a decision previously taken by the Guardian of Safe Working hours, the hearing panel will include a representative from the BMA or other recognised trade union nominated from outside the employer/host organisation, and provided by the trade union within one calendar month.

The panel hearing will result in one or more of the following outcomes:

- a. The level 2 outcome is upheld.
- b. Compensation or time off in lieu is required.
- c. No change to the work schedule is required.
- d. Prospective documented changes are made to the work schedule.
- e. Organisational changes, such as a review of the timing of ward rounds, handovers and clinics, are needed.

The outcome shall be communicated in writing and a copy provided to the Guardian of Safe Working hours.

The decision of the panel shall be final.

Where at any point in the process of a work schedule review, either the doctor or the reviewer identifies issues or concerns that may affect more than one doctor working on a particular rota, it may be appropriate to review other schedules forming part of that rota. In this case, such reviews should be carried out jointly with all affected doctors and, where appropriate, changes may be agreed to the working pattern for all affected doctors working on that rota, following the same processes as described in paragraphs 18-33 above.

7. Reporting

The Guardian of Safe Working hours shall report no less than once per quarter to the Board on all work schedule reviews relating to safe working hours. This report will also include data on all rota gaps on all shifts. The report will also be provided to the LNC, or equivalent.

The Guardian of Safe Working hours is also responsible for the reporting arrangements identified in Schedule 6, paragraphs 11-12 of these terms and conditions.

The DME shall report annually to the Board on all work schedule reviews relating to education and training.

The Board is responsible for providing a copy of these annual reports to external bodies as defined in these terms and conditions, including the local offices of Health Education England, the Care Quality Commission, the General Medical Council and the General Dental Council.

Employers must retain copies of all reviews for a period of two years from the date that an outcome is reached. Where remuneration is approved as part of this process, records shall be retained in line with the organisation's Standing Financial Instructions.

8. Useful Contacts

DME	Prof Mike Vassallo	01202 705712
GoSW	Dr Tanzeem Raza	01202 704435
Medical Staffing		01202 704300
Medical Education Centre Manager		01202 704268