

# Exception reporting: joint statement

June 2018

The exception reporting mechanism introduced through the 2016 junior doctors' contract has proved to be successful in certain situations. However, its overall effectiveness is being restricted by a number of systemic limitations.

The Academy of Medical Royal Colleges, British Medical Association, Care Quality Commission, General Medical Council, Health Education England and NHS Employers, have jointly set up a working group with NHS Improvement to collaboratively improve the effectiveness and acceptability of exception reporting for both trainees and employers.

The group has collectively agreed that the initial aim will be to try to bring about standardisation of the collection and reporting of exception reporting data. In addition, the scope of the group may extend to addressing cultural issues surrounding exception reporting and supporting Guardians of Safe Working.

The work of this group will be guided by the following key principles:

1. Exception reporting is a valuable instrument to improve junior doctor morale, the quality of medical training and patient safety. It is also the agreed contractual mechanism for ensuring that trainees are paid for all work done.
2. It is important to verify that trusts support exception reporting and that trainees are engaged in the process. Reports that trainees feel unsupported, discouraged or otherwise unable to undertake exception reporting must be explored.
3. Where possible, the burden to trainees and employers of exception reporting should be minimised. Use of existing reporting procedures (eg Guardian and Director of Medical Education quarterly reports) should be explored before any new data collection mechanisms are devised. Opportunities to streamline the exception reporting process for trainees (eg reform of software interface) should also be explored.
4. Effective insight into exception reporting culture requires data that is reliable, robust and consistent to provide meaningful comparisons between organisations. Quantitative data alone will not provide sufficient insight and further work should include qualitative data collection.

5. Data should be shareable and comparable with other data sources to enable effective triangulation. Data should ideally provide an accurate picture across individual trust divisions and grades.
6. Any outputs should focus on sharing good practice and taking constructive steps to promote a positive exception reporting culture across NHS organisations.

We believe that a collaborative and cross-organisational approach will lead to the successful implementation of the outputs of the working group, and ensure exception reporting becomes an integral mechanism for improving the workplace wellbeing of trainees in England.

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