

SAFE WORKING HOURS EXCEPTION REPORTING AND WORK SCHEDULE REVIEW PROCEDURE (for Junior Doctors and Dentists) – HRP038

1. Introduction

The Terms and Conditions of Service for NHS Doctors and Dentists in Training 2016 (TCS) require the Trust to provide a mechanism for Junior Drs or Dentists, employed under these terms, to raise concerns about their working hours or educational opportunities.

This procedure provides a local framework to support implementation of this requirement.

This Procedure is intended to help promote the Values and Leadership Behaviours of the Trust. In particular, it should help to reinforce the following values: people first, respect, dignity and compassion, valuing each person as an individual and everyone and equality counts

2. Scope

This procedure applies to doctors and dentists (hereafter referred to as doctors) in approved postgraduate training programmes under the auspices of Health Education England (HEE) employed on Terms and Conditions of Service for NHS Doctors and Dentists in Training 2016 (TCS).

It does not apply to doctors employed under the Terms and Conditions of Service NHS Medical and Dental Staff (England) 2002, locally agreed Trust terms and conditions or to any doctor undertaking a period of shadowing immediately prior to commencing work as a foundation doctor.

3. Purpose

The purpose of the Safe Working Hours Exception Reporting and Work Schedule Review Procedure (hereafter referred to as 'Safe Working Procedure') is to ensure that there is a mechanism for Junior Doctors to inform the Trust if their day-to-day work varies significantly and/or regularly from the agreed work schedule, either:

- in hours of work (including rest breaks, on-call hours worked), or
- in the agreed working pattern (including the quality and appropriateness of the learning and educational opportunities made available).
- and that the variance is impacting upon, or is likely to impact upon patient safety, doctor safety or doctors' education and training.

Additionally, this procedure should be used by a Junior Doctor if he/she believes that he/she is claiming appropriate compensation for additional hours worked, beyond the hours described in the work schedule, in order to secure patient safety, but the doctor's request for additional pay or time off in lieu has been declined.

The process will ensure that there is prompt resolution and/or remedial action is taken.

4. Definitions/explanations

Additional hours	In the context of this policy, this refers to hours worked by the doctor in addition to their work schedule in order to secure patient safety (as per 2016 TCS Schedule 2 para 63).
Clinical Supervisor	A named individual who is responsible for providing clinical support and guidance of a named trainee for during a specified clinical placement.
Doctor	Whenever 'doctor' is used in this procedure, it is intended to mean a doctor or dentist in an approved postgraduate training programme under the auspices of Health Education England.
Educational review	An educational review is a formative process which enables doctors to receive feedback on their performance and to reflect on issues that they have encountered. Doctors will be able to raise concerns relating to curriculum delivery and patient safety. This will include regular discussions about the work schedule.
Educational Supervisor	A named individual who is selected and appropriately trained to be responsible for supporting, guiding and monitoring the progress of a named trainee for a specified period of time. The educational supervisor may be in a different department, and occasionally in a different organisation, to the trainee. Every trainee should have a named educational supervisor and the trainee should be informed of the name of the educational supervisor in writing.
Exception Reporting	The process by which Doctors inform the Trust if their day-to-day work varies significantly and/or regularly from the agreed work schedule. The Trust utilizes an electronic system "DRS4" system.
Guardian of Safe Working Hours (GSWH)	A senior appointment in the Trust who ensures that issues of compliance with safe working hours are addressed by the doctor and/or Trust as appropriate and provides assurance to the Board that doctors' working hours are safe.
Work Schedule	A work schedule is a document that sets out the intended learning outcomes (mapped to the educational curriculum), the scheduled duties of the doctor, time for quality improvement and patient safety activities, periods of formal study (other than study leave), and the number and distribution of hours for which the doctor is contracted.
Work Schedule	A work schedule review is a formal process by which changes to the

Review	<p>work schedule may be suggested and/or agreed.</p> <p>A work schedule review can be triggered by one or more exception reports, or by a request from either the doctor, or their Educational Supervisor, or Clinical Supervisor/Director, or the Guardian of Safe Working Hours.</p>
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5. Key duties/Responsibilities

Director of HR & OD	Is responsible for developing the procedure and ensuring the provision of training and advice.
All relevant Doctors	Have a responsibility to follow the procedures detailed in this procedure.
Clinical Supervisor	<p>Have a responsibility to ensure that the Doctor is supported during their placement to ensure that their working hours and access to training/education opportunities are in line with their work schedule, as far as practicable.</p> <p>Note: Although the Educational Supervisor remains accountable for the Exception Reporting tasks set out in the TCS, it may be more practical for the doctor's Clinical Supervisor to review the report and address the concern.</p>
Clinical Director	To follow the procedures detailed in this procedure and to take appropriate action when Exception Reports and Work Schedule reviews are raised.
Clinical Tutor	To follow the procedures detailed in this procedure and to take appropriate action when Exception Reports and Work Schedule reviews are raised.
Educational Supervisor	<p>To meet with the Doctor as part of regular educational review/work schedule discussions to ensure that the work experience delivers the anticipated learning opportunities identified in the doctors work schedule.</p> <p>To establish whether any changes in support or resources, or in planned service duties, are needed to enable the doctor to achieve the objectives within rostered working hours.</p> <p>To follow the procedures detailed in this procedure and to take appropriate action when Exception Reports and Work Schedule reviews are raised.</p> <p>Note: Although the Educational Supervisor remains accountable for the Exception Reporting tasks set out in the TCS, it may be more practical for the doctor's Clinical Supervisor to review the report and address the concern. In such cases the Educational Supervisor will confirm this arrangement with the clinical supervisor and the junior Dr.</p>
Guardian of Safe Working Hours (GSWH)	<p>To follow the procedures detailed in this procedure and to take appropriate action when Exception Reports are raised in respect to safe working hours, to ensure that the limits on working hours outlined in the Junior Doctor TCS are being met.</p> <p>To escalate issues in relation to working hours, raised in exception reports, to the Medical Director for decision and action, where these have not been addressed at departmental level.</p> <p>To require a work schedule review to be undertaken, where there are regular or persistent breaches in safe working hours, which have not been addressed.</p> <p>To report to the Quality & Governance Committee and Trust Board on junior doctors working hours, as appropriate.</p>

Director of Medical Education (DME)	To follow the procedures detailed in this procedure and to take appropriate action when Exception Reports are raised in respect to doctor's training experience, to ensure that the limits on working hours outlined in the Junior Doctor TCS are being met.
Medical Director	Responsible for the provision of safe working arrangements and the provision of education and training for doctors in training

6. Procedure detail

6.1 What can be raised through this procedure?

Primarily the variations will be differences in the:

- total hours of work (including opportunities for rest breaks, on-call hours worked)
- pattern of hours worked
- educational opportunities and educational support available to the doctor, such as missed learning opportunities or quality of learning and/or
- service delivery support available to the doctor during service commitments e.g. supervision, MDT support etc.

6.2 The Procedure

Formal Exception Reporting

The Trust recognises that open and honest communications and good working relationships are key to a successful training experience. The Trust welcomes the opportunity to resolve the concerns of junior doctors, make improvements and learn from the experience. In this spirit, doctors are encouraged to discuss any concerns openly with supervisors at the earliest opportunity to allow prompt resolution. It is therefore reasonable for low level concerns to be resolved informally, without recourse to exception reporting, via routine discussions with the Clinical Supervisor and/or the Educational Supervisor, as appropriate. If this is not possible then the formal exception reporting procedure should be followed.

The Trust utilises an electronic exception reporting system "DRS4" and exceptions should be raised via this system. The doctor raising the exception should log into the electronic system using their personal ID which will have been provided to them on appointment to the Trust. The details of their exception are then logged via the electronic form. Sample screen shots of the on line form are shown in Appendix 1. Once the details have been submitted the Clinical/Educational Supervisor will receive an email alerting them to the fact that an exception has been raised. Exceptions must be submitted as soon as possible after the exception takes place and, in any event, within 14 days (or within seven days, when making a claim for additional pay/lieu time).

A flowchart outlining the process is shown in Appendix 2.

The online Exception Report Form includes:

- the dates and times of exceptions

- the nature of the concern or variance from the work schedule, and
- an outline of the steps the doctor has taken to resolve matters before escalation (if any).

It is important that all fields of the Form are completed as accurately and comprehensively as possible to assist the recipient in understanding the issue. The completed Exception Report Form should be submitted to the Clinical Supervisor.

In addition, the Guardian will have visibility of all exceptions logged on the system that relate to safe working hours. The Director of Medical Education will have visibility of all exceptions raised that relate to training issues.

The Clinical Supervisor will automatically be sent an email once an exception has been logged by a trainee they supervise. Upon receipt of this email the Clinical Supervisor should review the Exception Report via the DRS4 system. The Clinical Supervisor will discuss with the doctor what action is necessary to address the reported variation or concern, and facilitate or implement appropriate investigation and/or consideration with the Clinical Director, Rota Co-ordinator, and/or other relevant parties, to decide what, if any, action must be taken.

The Clinical Supervisor will set out the agreed outcome of the exception report, including any agreed actions, via the DRS4 system. On submitting the response an automatic email alert will be sent to the Doctor who raised the exception. If the outcome is that the Clinical Supervisor does not agree with the concern raised by the Doctor then an email alert will be sent to the DME or GSWH as appropriate (i.e. dependent on whether the concerns are related to safe working hours or education/training issues).

In the case of Exception Report forms raised in response to declined additional pay/lieu involving no breaches in safe working hours then the CD should be involved in the decision, for budgeting purposes.

(Where the outcome of the exception report discussions is that a doctor should be paid for additional hours worked, the doctor must claim payment through the normal Trust process for claiming for additional hours/overtime, in the usual way.)

If the outcome of the exception report discussions is that there is a failure to agree, or that a work schedule review is required, then the work schedule review process should be invoked. A request for a work schedule review is made via the DRS4 system.

Note: Although the Educational Supervisor remains accountable for the Exception Reporting tasks set out in the TCS, it may be more practical for the doctor's Clinical Supervisor to review the report and address the concern. In this situation, the Educational Supervisor should:

- inform the doctor of this course of action,
- ensure that the Clinical Supervisor is aware of their responsibility
- ensure that appropriate arrangements are made to ensure this is carried out.

Such situations are likely to arise when the Educational Supervisor is employed at a different Trust than the Junior Dr they supervise or they do not work in the same department/specialty as the junior Dr.

6.3 Immediate Safety Concerns

Where the doctor's concern is that there is an immediate and substantive risk to the safety of patients, or to the safety of the doctor, this should be raised immediately (verbally) by the doctor to the consultant responsible for the service in which the risk has been raised (typically, this would be the supervising consultant or the On-call Consultant), and log the incident via the normal trust incident reporting process (datix).

The doctor must additionally then submit an Exception Report Form via the DRS4 system to the Clinical Supervisor within 24 hours.

The supervising consultant or On-call Consultant receiving the verbal exception report will respond as follows:

If he/she considers that there are serious concerns, and agrees that there is an **immediate risk** to patient and/or doctor safety, he/she will:

(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 appropriate support to the doctor.

(in addition to the doctor's Exception Report Form submission) notify the Clinical Supervisor and the GSWH within 24 hours.

If he/she, upon receiving the verbal report, considers that the single concern raised is significant but neither immediate nor serious, or understands that there are persistent or regular similar concerns being raised, the consultant will ask the doctor to raise an Exception Report Form to the Clinical Supervisor within 48 hours.

The Clinical Supervisor will undertake an immediate work schedule review (see work schedule review section below for timescales), and will ensure appropriate (and where necessary, on-going) remedial action is taken.

6.4 Work Schedule Review

A work schedule review is a formal process by which changes to the work schedule may be suggested and/or agreed.

It can be triggered by one or more exception reports, or by a request from the doctor, the Clinical Supervisor, a manager, or GSWH. A work schedule review may consider safe working practices, working hours, educational concerns such as missed learning opportunities or quality of learning and/or issues relating to service delivery.

Work Schedule Review - Level 1

A Work Schedule review can be triggered as a result of an Exception Report being unresolved. The Doctor who raised the initial exception will have the opportunity to agree or disagree with the review outcome communicated to them by their Clinical Supervisor. If they disagree with the outcome then they indicate this on the electronic system and this then

triggers a work schedule review. The Clinical Supervisor involved in the initial exception report is alerted via email that the work schedule has been triggered.

A Doctor can also, at the point of raising their exception report, indicate that they are requesting a work schedule review. This would be appropriate when there are variances which are considered by the doctor and his/her supervising consultant/On-call Consultant to represent a serious (immediate or non-immediate) risk to the safety of patients or the doctor. The Clinical Supervisor who receives the exception report is alerted via email that the work schedule has been requested.

The Clinical Supervisor undertakes the work schedule review. They will involve appropriate others in the review such as the Rota Lead, Clinical Supervisor etc. The Clinical Supervisor will meet with the doctor as soon as is practicable, ideally no later than seven working days after receipt of Work Schedule Review Request.

Where this is in response to a serious concern that there was an immediate risk to patient and/or doctor safety, this must be followed up within seven working days.

The work schedule review will lead to one or more of the following outcomes:

- No change to the doctor's work schedule is required
- Prospective changes to the work schedule
- Compensation: Time off in lieu is required
- Organisational changes, such as a review of the timing of ward rounds, handovers and clinics, are needed.

The outcome of the review will be recorded electronically on the DRS4 system. This will then trigger an email alert to the Doctor informing them of the outcome.

If dissatisfied with the outcome, the doctor may progress to the next stage of this procedure and formally request a Level 2 work review within 14 days of receipt of notification of the level 1 decision.

Work Schedule Review - Level 2

To request a Level 2 – Work Schedule Review, the Doctor will indicate that they do not agree with the outcome of the Level 1 review on the “DRS4” system, this then triggers a Level 2 work schedule review. The GSWH or DME will be alerted via email that the Level 2 work schedule has been triggered.

The DME (where the request pertains to training concerns)*

And/or

The GSWH (where the request pertains to safe working concerns)*

(*If pertaining to both training and safe working concerns, the DME and GSWH are jointly responsible for the review, and must agree which will lead the review)

The Level 2 Review meeting will normally 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 doctor,
- the Educational Supervisor,
- the Clinical Tutor,
- a nominee of either:
 - the DME (where the request pertains to training concerns)
 - Or
 - the GSWH (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 Level 2 Review panel will consider the outcome of the Level 1 Review, and will result in one or more of the following outcomes:

- The Level 1 outcome is upheld
- No change to the work schedule is required
- Compensation: Time off in lieu is required
- Prospective changes to the work schedule
- Organisational changes, such as a review of the timing of ward rounds, handovers and clinics, are needed.

The outcome will be communicated to the doctor in writing by the nominee of the GSWH or DME, and copied to all relevant stakeholders, i.e. the Educational Supervisor, Clinical Supervisor, DME and/or GSWH and Clinical Tutor.

If dissatisfied with the outcome, the doctor may progress to Level 3 of this procedure and formally raise a Complaint under the final (Appeal) stage of the Trust's Grievance Procedure within 14 working days of notification of the Level 2 decision.

Work Schedule Review - Level Three

The Level 3 - Work Schedule Review will be heard under the Final (Appeal) Stage of the Trust's Grievance Procedure.

The doctor, who wishes to appeal against the Level 2 decision, should send the appeal to the Director of HR & OD, within 14 working days of notification of the Level 2 decision. The appeal must be made in writing, stating the grounds for the appeal.

The Director of HR & OD will inform the DME (and GSWH where the request pertains to safe working concerns) and will ensure that the necessary arrangements for the appeal to be heard.

Appeals will be heard by a panel consisting of:

- the DME (and GSWH re: safe working) or nominated deputy/deputies
- the Deputy Medical Director or nominated deputy
- a member of Human Resources, who will act as the advisor.

In addition, where the doctor is appealing a decision previously taken by the GSWH, the hearing panel will include a representative from the BMA (or other recognised Trade Union representative, provided by the Trade Union within one month).

The appeal meeting will result in one or more of the following outcomes:

- The Level 2 outcome is upheld
- Compensation: Time off in lieu is required
- No change to the work schedule is required
- Prospective changes to the work schedule
- Organisational changes, such as a review of the timing of ward rounds, handovers and clinics, are needed.

The outcome of the Level 3 appeal will be communicated to the doctor in writing by the DME, and copied to all relevant stakeholders, i.e. the Educational Supervisor, Clinical Supervisor, GSWH, and Clinical Tutor.

The decision* reached by the hearing panel will be final and there is no further right of appeal.

* The decision will generally be made by consensus, although a specific decision maker can be determined in specific cases e.g. safety issue defers to GSWH.

6.5 Issues affecting more than one doctor

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 above.

6.6 Situations when the Doctor and the Educational Supervisor are not employed by the same Organisation

Although the TCS states that it should be the Educational Supervisor to whom Drs raise exceptions, it is not always appropriate, especially when the Dr and their Educational Supervisor are not employed by the same Organisation. In such situations, the responsibility for managing the Drs exceptions will be with the Drs employer. Guidance on how this should be managed is outlined below:

Educational Supervisor employed by NHFT assigned to a Dr employed by A.N.Other Organisation:

Educational supervisor to inform the Junior Doctor, in the first Educational Review: that they will not be managing the Drs exception reports and work schedule reviews that this function will be managed by their employer (it is likely to be delegated to the clinical supervisor but the Dr will need to seek clarification from their employer); of their on-going commitment to their education and training, and availability should they need your support;

- Confirm this, in writing, to the Junior Doctor (template letter in Appendix 4);
- Copy this letter to Medical Staffing for central records.

Junior Doctor who is employed by and working in NHFT, but under the educational supervision of an Educational Supervisor employed by A.N.Other Organisation:

The exception reporting and work schedule reviews will be managed by the Dr's clinical supervisor.

6.7 Reporting

The GSWH will prepare, not less than quarterly, reports for the Trust Board which summarise all exception reports, work schedule reviews and Rota gaps. The report should provide assurance on compliance with safe working hours by both the Trust and doctors in approved training programmes. This report will also be provided to the LNC

The GSWH will prepare, not less than annually, a plan for improvement on Rota gaps, and submit the plan in a statement in the Trust's Quality Account, which will also need to be signed off by the Trust Chief Executive.

The DME will report quarterly to the Board on all work schedule reviews relating to education and training (via Quality & Governance Committee).

A copy of these annual reports will be made available to the Care Quality Commission and to HEE, as required.

The Trust will 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 will be retained in line with the Trust's Standing Financial Instructions.

6.8 Changes to the Work Schedule Affecting Pay

Where pay is increased as a result of changes to the work schedule, pay will be altered from the date that the change is implemented. Other than in exceptional circumstances, such changes to pay will be prospective.

Where changes to the work schedule are required by the Trust and total pay would be decreased as a result, the doctor's total pay will be protected, in accordance with 2016 TCS, and so remain unchanged until the end of the particular placement covered by that work schedule. This protection will not extend to any subsequent placement, including a placement where the doctor returns at a later date to the same post.

Where changes to the work schedule are requested by the doctor and agreed by the Trust, and total pay would be decreased as a result, the doctor's total pay will be reduced in line with the change in the work schedule, from the date that the change is implemented.

6.9 Monitoring and Assurance

Guardian of Safe Working Hours

The GSWH will have visibility of all exception reports raised in respect of safe working hours and/or non-compensation for additional hours worked. This will allow the GSWH to monitor compliance with the terms and conditions of service.

The GSWH will review the outcome of any exception reports that they receive to identify whether further improvements to the doctor's working hours are required to ensure that the limits on working hours outlined in the Junior Doctor TCS are being met. If they are not satisfied or require further clarity then they will discuss the matter with the Educational Supervisor and agree any further action if appropriate.

They will at their discretion, escalate issues in relation to working hours, raised in exception reports, to the Medical Director for decision and action, where these have not been addressed at departmental level. If the issue subsequently remains unresolved they will report this to the Trust Board via the Workforce Committee.

They have the authority to require intervention to mitigate any identified risk to doctor or patient safety in a timescale commensurate with the severity of the risk.

They have the authority to require a work schedule review to be undertaken, where there are regular or persistent breaches in safe working hours, which have not been addressed

Director of Medical Education

The DME will review the outcome of any exception reports that they receive to assure themselves that the actions agreed are adequate/appropriate to identify whether further improvements to the doctor's training experience are required. If they are satisfied with the agreed actions then they will take no further action. If they are not satisfied or require further clarity then they will discuss the matter with the Educational Supervisor and agree any further action if appropriate.

Breaches Incurring a Financial Penalty

The GSWH will review all Exception Report Forms to identify whether the doctor believes that the exception indicates:

- a breach of the maximum 48-hour average working week (across the reference period agreed for that placement in the work schedule), or
- a breach of the maximum 72-hour limit in any seven days, or
- that the minimum 11 hours' rest requirement between shifts has been reduced to fewer than eight hours
- that breaks have been missed on at least 25% of occasions across a four week reference period.

Where a doctor highlights such concerns, the GSWH will seek verification that this is the case. Where the concerns are verified, the doctor will be paid for the additional hours at the penalty rates set out in paragraph 68 of Schedule 2 of the Junior Doctor 2016 TCS.

N.B. Any award of additional pay or lieu time for additional hours worked must be authorised by the relevant budget holder i.e. Clinical Director.

The GSWH will additionally levy a fine on the department employing the doctor for those additional hours worked, at the rates set out in paragraph 68 of Schedule 2 of the Junior Doctor 2016 TCS.

Appendix 1 Exception Reporting Form – screen shot

Appendix 2 Exception Reporting Flowchart

Appendix 3 Work Schedule Review Flow chart

Appendix 4 Template letter For Junior Doctors employed by a different Organisation

Exception Reporting Form – screen shot

This screenshot shows the top portion of the Exception Reporting Form. The browser address bar indicates the URL: <https://drs.realtimeostering.uk/ExceptionReporting/CreateException.aspx>. The form contains the following fields:

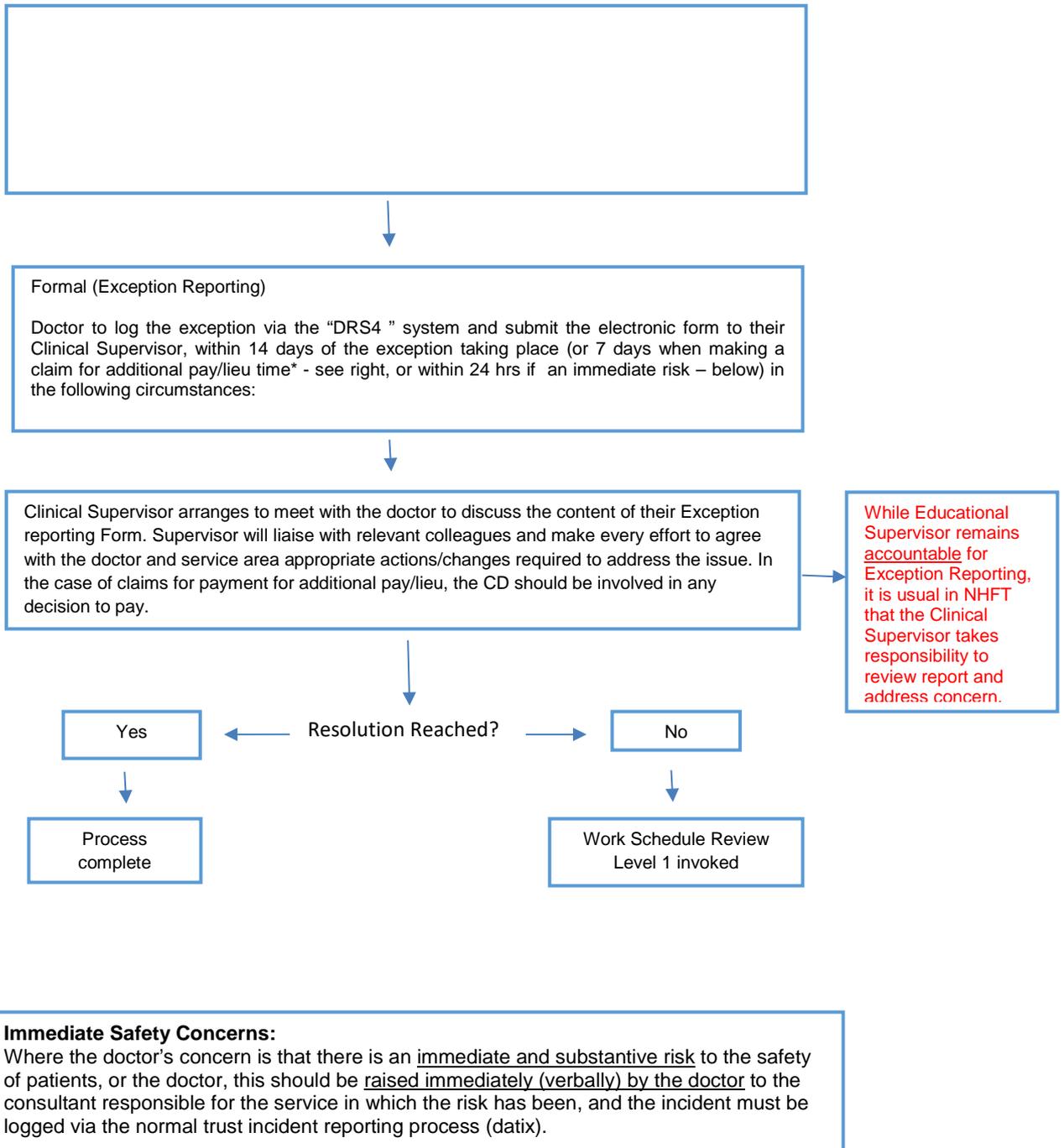
- Educational Supervisor:** Mr David Ledger
- Date of exception:** 29/03/2017
- Nature of exception:** Hours & Rest, Education
- Immediate safety concern raised with consultant?:**
- Nature of exception/issues:** Early start, Late finish, Unable to achieve breaks, >72 hours work in 7 days, Minimum daily Working Time Rest of 11 hours reduced to less than 8 hours, Difference in work pattern
- Additional hours worked in plain time (7:00-21:00):** 0
- Additional hours worked in night period (21:00-7:00):** 0
- Description of exception:** (empty text area)

This screenshot shows the bottom portion of the Exception Reporting Form. The browser address bar indicates the URL: <https://drs.realtimeostering.uk/ExceptionReporting/CreateException.aspx>. The form contains the following fields:

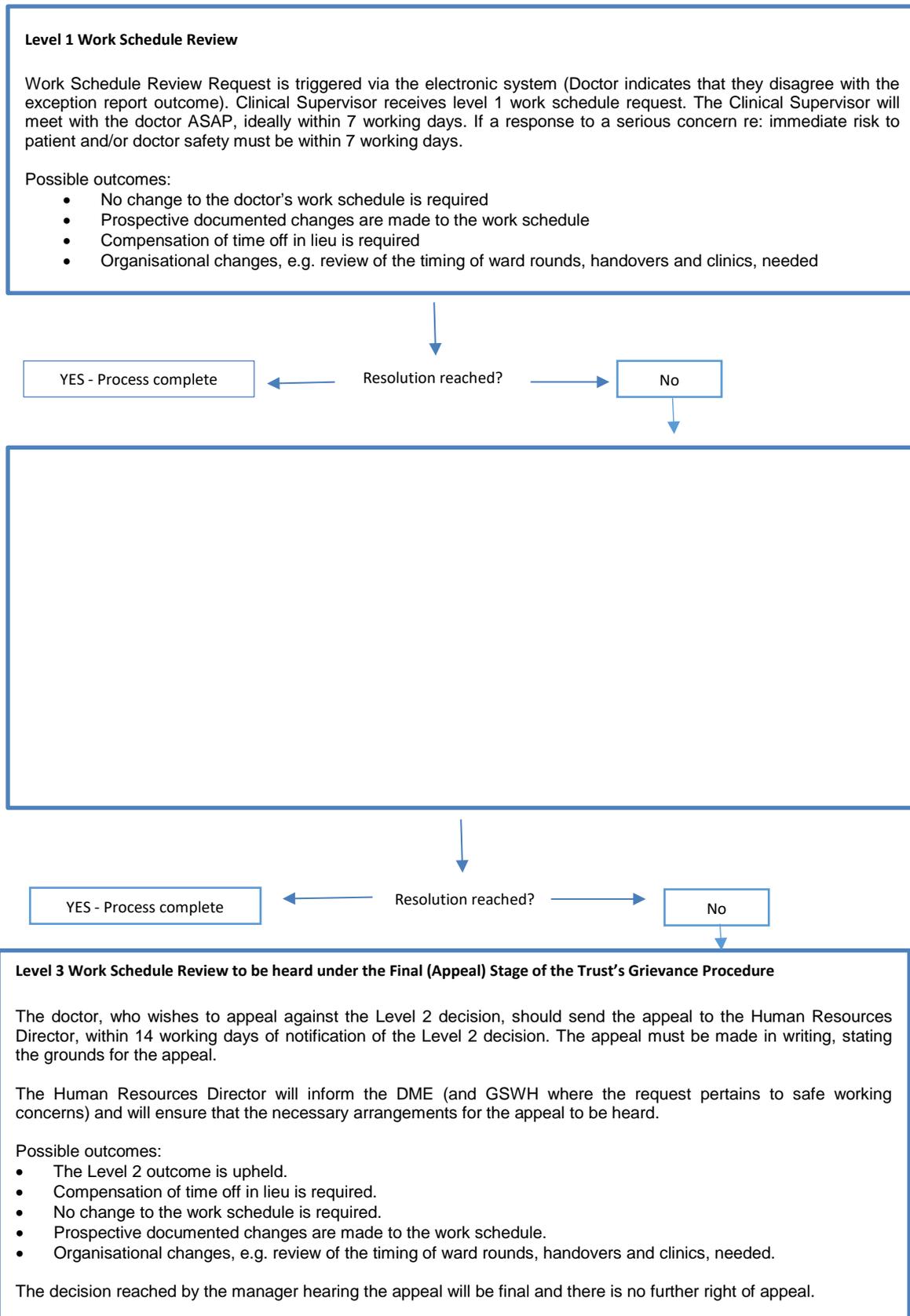
- Additional hours worked in plain time (7:00-21:00):** 0
- Additional hours worked in night period (21:00-7:00):** 0
- Description of exception:** (empty text area)
- Steps taken to resolve:** (empty text area)

Exception Reporting Flowchart – Junior Doctor Reporting Process

Note: Exception Reporting Process should be triggered by Junior Doctors or Dentists (hereinafter referred to as the doctor)



Work Schedule Review Flowchart



TEMPLATE LETTER - For Junior Doctors employed by a different Organisation

Dear [Junior Doctor],

Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 (TCS 2016) – Exception Reporting procedure

I am writing to you in my capacity as your Educational Supervisor to clarify certain responsibilities in respect to the TCS (2016), and in particular the Exception Reporting procedure.

As you will be aware, under the 2016 (TCS), Exception Reporting provides a mechanism for Junior Doctors to inform the Trust if day-to-day work varies significantly and/or regularly from the agreed work schedule, impacting upon, or likely to impact upon patient safety, doctor safety or doctors' education and training. The 2016 (TCS) state that Junior Doctors should raise formal exception reporting concerns with their Educational Supervisor. However, this is not always appropriate: in some cases, the Educational Supervisor is in a different department, and occasionally in a different Trust, to the Junior Doctor.

In your case, as you are working in a different Trust, it has been determined that it is more appropriate for the responsibility for handling formal exception reports to be delegated to a representative of the Trust in which you are on placement. This will ensure that your concerns about safe working and training are addressed quickly, and by the person who is best placed to do so. Please contact your Clinical Supervisor or Medical Staffing department as they will be able to advise you who this representative will be or will be able to direct you to someone who will be able to provide this information. This representative will fulfil the responsibilities of the Educational Supervisor as defined in 2016 TCS and in line with the Exception Reporting and Work Schedule Review procedures of the Trust in which you are on placement. They will establish whether changes in support, resources, or planned service duties are needed, and will make every effort to agree and implement appropriate actions or changes as quickly as is reasonably possible.

If you have any queries regarding this letter please contact me to discuss.

Yours sincerely,

[NAME]

Educational Supervisor and [ROLE]