

## Exception Exit Report for Doctor in Training

## To be completed on a 'LIVE' basis when an issue arises and returned to Health Education England in the North West via <u>exception.nw@hee.nhs.uk</u>

(To be completed by the Employer / Host Training Organisation / in the case of GP trainees in a primary care placement this would be filled by the Organisation responsible for maintaining the local GP Performance List and by their Clinical/Educational Supervisor)

Trainee				Trainee				GMC			
Forename:				Surname:				Number:			
Specialty:					Grade:						
Start Date En		ind date Deta		ils of Employment/Placements/Locum Comm			Comments	ments			
Details of concerns/investigations:											
Conduct, Capability Investigation		This trainee has been involved in a <b>conduct</b> or <b>capability investigation</b>								YES / NO	
		This has been resolved satisfactorily with no unresolved concerns about this trainee's conduct.								YES / NO	
		Please give a brief summary of the investigation(s):									
Serious Untoward Incident/		This trainee has been involved in formal Serious Untoward Incident / Significant Event Investigation								YES / NO	
Significant		This trainee has been involved in a <b>Never Event</b>								YES / NO	
Event investigation Never Event			has been resolved satisfactorily with no unresolved concerns about a nee's fitness to practice							YES / NO	
		Please give a brief summary of the investigation(s):									



## Health Education England

Complaints	This trainee has been named in <b>comp</b>	laint(s)	YES / NO			
	This has been resolved satisfactorily trainee's fitness to practice or conduction	a YES / NO				
	Please give a brief summary of the co	mplaint(s):				
Has the trainee						
reflected						
appropriately?						
Signature		Date				
Full name		Job Title				
Name of the		Name of the Medical Director				
Organisation		(If the signat	ory is not the MD)			

## Reminder: In all circumstances a copy of this report should be shared with the trainee doctor