# Exception Report

To be completed by the Employer and/or Host Training Organisation. In the case of GP trainees in a primary care placement this would be filled by the Local Area Team responsible for maintaining the local GP Performers List and by their Clinical/Educational Supervisor.

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| **Trainee Details** |
| **Forename:** |  | **Surname:** |  | **GMC Number:** |  |
| **Specialty & Grade:** |  |
| **Details of Employment/Placements/Locum:** |
| **Type of Work**(OOP/clinical/non-clinical/locum etc.) | **Start Date** | **End Date** | **Details of Employing/Hosting Organisation/GP Practice** | **Comments** |
|  |  |  |  |  |
| **Details of concerns/investigations:** |
| This trainee has been involved in: | **Conduct / Capability Investigation** | **Serious Untoward Incident / Significant Event investigation** | **Complaints** |
|  | **🞎** | **🞎** | **🞎** |
| This has been resolved satisfactorily with no unresolved concerns about this trainee’s fitness to practice conduct: | **Yes / No** |
| Date of when issue first reported: |  |
| Reference: |  |
| Please give a brief summary of the investigation(s): |
|  |
| **Signature** |
| **Signature:** |  | **Date:** |  |
| **Forename:** |  | **Surname:** |  | **GMC Number:** |  |
| **Job Title:** |  | **Organisation:** |  |
| **Name of the Responsible Officer (If the signatory is not the RO)** |  |

**In all circumstances a copy of this report should be shared with the trainee doctor**