

## EXCEPTION EXIT REPORT

(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 their Clinical/Educational Supervisor)

<b>Trainee Forename:</b>		<b>Trainee Surname:</b>		<b>GMC Number:</b>	
<b>Specialty:</b>				<b>Grade:</b>	
<b>Start Date</b>	<b>End date</b>	<b>Details of Employment/Placements/Locum</b>			<b>Comments</b>
<b>Details of concerns/investigations:</b>					
<b>Conduct, Capability Investigation</b>	This trainee has been involved in a conduct, capability investigation				<b>YES / NO</b>
	This has been resolved satisfactorily with no unresolved concerns about this trainee's conduct.				<b>YES / NO</b>
	Please give a brief summary of the investigation(s):				
<b>Serious Untoward Incident/ Significant</b>	This trainee has been involved in formal Serious Untoward Incident/Significant Event investigation				<b>YES / NO</b>
	This has been resolved satisfactorily with no unresolved concerns about a trainee's fitness to practice				<b>YES / NO</b>

<b>Event investigation</b>	Please give a brief summary of the investigation(s):		
<b>Complaints</b>	This trainee has been named in complaint(s)		<i>YES / NO</i>
	This has been resolved satisfactorily with no unresolved concerns about a trainee's fitness to practice or conduct		<i>YES / NO</i>
	Please give a brief summary of the complaint(s):		
<b>Signature</b>		<b>Date</b>	
<b>Full name</b>		<b>Job Title</b>	
<b>Name of the Organisation</b>		<b>Name of the Medical Director (If the signatory is not the MD)</b>	
<b>Signature of MD</b>		<b>GMC Number of MD</b>	

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