

RVTS Critical incident and adverse event report form



RACGP Profession Led Training

Please use this form in conjunction with the RVTS Critical incident and adverse event reporting guidance document. Updates on already reported critical incidents and adverse events must be detailed here, on the original report form.

Incident update

(Complete if this is an update to a previous report)

Incident RACGP notification date of incident

Details of report progress updates

RVTS incident details

Name and position of person completing incident report

Incident reported to RVTS by:

- Medical educator
- Supervisor
- Registrar
- Practice Manager
- Other (please specify)

Date of incident

Time of incident (if applicable)

Date RVTS became aware of the incident

Incident discussed with the relevant RACGP Censor (Yes or No)

Y N

Location where the incident occurred (eg. practice name, hospital, community location)

Parties involved (provide details of all those involved):

- RVTS Registrar (Please include training level in box below)
- Supervisor
- Practice Manager
- Practice Staff
- Patient
- Medical Educator
- RVTS Staff
- Other (please specify or include registrar training level as appropriate)

Name of Registrar (if applicable)

Name of Supervisor (if applicable)

AHPRA number of Supervisor (if applicable)

1. Describe the critical incident/adverse event, including any injury or illness incurred. Detail any actual harm and risks that may persist (*provide as much detail as possible*).

2. Details of any witnesses.

3. Describe the actions taken to date to manage the incident for all parties involved. Please include details of any responsible committee (name and date) with whom the incident was discussed, and actions planned.

4. Describe the planned actions to manage the incident for all parties going forward.

5. Describe any broader risk assessment activities undertaken, including any outcomes and/or any monitoring implemented. Please include a timeframe of when the RACGP can expect an update.

6. Describe any changes made or being considered because of these events / circumstances. Please provide comments on any ongoing monitoring that may include reporting to the RACGP on progress.

Anticipated final resolution date (if applicable)

RVTS CEO or lead Medical Educator name

Date

Electronic Signature of RVTS CEO or lead Medical Educator

Please return this completed report and any attachments to criticalincidents@racgp.org.au

If using the word document, please PDF before emailing it to the RACGP