

RACGP Training Organisation Critical Incident / Adverse Event Report Form

RACGP Fellowship Pathways | Quality & Compliance

Please use this form in conjunction with the RACGP Training Organisation Adverse Event and Critical Incident Guideline

Name of Training Organisation					
Person completing incident report					
Position of person completing report					
Name of Practice/Hospital/Post event occurred (if applicable)					
Specific location of incident (if applicable)					
Who was involved in the incident or circumstances					
Witness names and positions (if applicable)					
Report Date	/ /	Date of Incident	/ /	Time of Incident (if applicable)	:
Date of previous report if this is an update report	/ /	Date of risk escalation (if applicable)	/ /	Date brought to Training Organisation critical incident management committee or equivalent (if applicable)	/ /
Critical Incident	Y/N	Adverse Event/s	Y/N	Date resolved at Training Organisation committee meeting (if applicable)	/ /
Reported to Training Organisation by	Medical Educator <input type="checkbox"/> Supervisor <input type="checkbox"/> GPiT <input type="checkbox"/> Other (specify) <input type="checkbox"/>				
Parties involved	Medical Educator <input type="checkbox"/> Supervisor <input type="checkbox"/> GPiT <input type="checkbox"/> Other(specify) <input type="checkbox"/>				
Describe the critical incident/adverse event, including any injury or illness incurred. Detail any actual harm and any risks that may persist.					

Describe the actions taken to date to manage the incident for all parties involved, including actions taken by any committee responsible. Include dates and details.

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Describe any broader assessment of risk activities undertaken including any outcomes and their monitoring because of the incident or event. Include any ongoing investigation information and recommendations as to when these are likely have updated information to the RACGP.

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Describe any changes made or being considered because of these events/circumstances. Summarise the outcome of the critical incident or adverse event to the date of this report. Please provide comments around any ongoing monitoring that may include reporting to the RACGP on progress.

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Anticipated resolution date (if possible)			
OR Date proposed this report can be closed off			
Training Organisation CEO or LME name and signature		Date	/ /

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