Training Organisation Adverse Event and Critical Incident Reporting Guideline

RACGP Fellowship Pathways I Quality & Compliance

1. Introduction and Intention

This document provides guidance for identifying adverse events and critical incidents, and the requirements for reporting to the RACGP (Royal Australian College of General Practitioners). This guideline relates to reporting by Training Organisations to the RACGP in the delivery of the Australian General Practice Training Program (AGPT) and the Practice Experience Program (PEP). These will collectively be referred to in this guideline as 'programs'.

Guideline intention

This guideline intends to assist Training Organisations in the reporting process related to adverse events and critical incidents. It includes identifying whether an event should be reported to the RACGP.

This guideline is also intended to define adverse event and critical incident reporting requirements.

Adverse events are circumstances that the Training Organisations is likely to be able to manage without reporting to the RACGP, however, this is always welcomed if uncertainty exists.

Critical incidents must be reported, and the following sections of this guideline outline what circumstances may meet this definition.

Role of Training Organisations

Training Organisations play a vital role in the delivery of programs under RACGP training standards and Training Organisation contracts. This expectation links to the RACGP Standards for General Practice Training criterion 1.1.1.4.

Training Organisations monitor the day-to-day wellbeing and progress in training of registrars in AGPT, and provide mentorship and workplace based assessment activities in PEP. Training Organisations work closely with GP supervisors and training practice staff. Due to these relationships, the RACGP recognises that in many circumstances the Training Organisations will be able to address and support many adverse events that occur in connection to programs. Some events may escalate to critical incidents that require reporting to the RACGP.

The requirement to report aims to:

1. effectively address the negative outcomes of a critical incident;
2. mitigate risk; and,
3. for quality improvement.

Incident reporting is not punitive, nor does it necessarily of itself mean that there has been some failure in a Training Organisation's internal monitoring system. Quality improvement is at the heart of this activity.

Relationship between Training Organisations and RACGP

Training Organisations support the RACGP in many ways. Any contract between the RACGP and the Training Organisations more fully explains this relationship. That said, the RACGP is keen to support Training Organisations when there may be particular concern around meeting training standards or obligations that include the duty of care by the Training Organisation to the GP in Training (GPiT). The RACGP is also likely to require knowledge of circumstances where patient safety has been compromised in connection to programs, or there is a reputational risk to the RACGP.

Any contractual relationship between a Training Organisation and the RACGP outlines the respective responsibilities under these instruments. Training Organisations are primarily responsible for delivering training to the agreed standard and manage adverse events.

Reporting critical incidents or adverse events can be part of strengthening the relationship between the RACGP and the Training Organisation network. As an education provider, the RACGP seeks to work with Training Organisations to learn from and support situations that will ultimately inform the evolution of GP training and education in Australia.

2. Definitions

For the purposes of this guideline, the following practical definitions will be used.

2.1 Adverse Events

An Adverse event is any disruptive event that causes, or risks causing, significant harm to patients, GPiT, GP supervisors, practice staff, Training Organisation staff, or the associated organisations involved in program delivery. These may include events or circumstances including, but not limited to where the Training Organisation:

2.1.1 undertakes an action to address a GPiT deemed at risk;

2.1.2 receives and responds to a complaint or notice of concern related to a program;

2.1.3 has a negative stakeholder relationship experience;

2.1.4 is aware of difficulties in the functioning of its program, particularly in its capacity to meet the program intent and/or requirements (staffing, systems, processes, etc.); and

2.1.5 has difficulty in resolving a grievance, a dispute, an appeal or a request for reconsideration

An adverse event does not have to be reported to the RACGP.

2.2 Critical incident

A Critical incident is any adverse event, which has resulted in a serious negative outcome for a patient, GPiT, supervisors, practice staff members, the Training Organisation and or its staff, the RACGP and or its staff, program reputation or any combination of these.

All critical incidents must be reported to the RACGP. Critical incidents include:

2.2.1 Serious personal injury or death of a GPiT in connection to their fellowship pathway progression;

2.2.2 A serious threat of, or an actual sustained disruption to a Training Organisation's program activities;

2.2.3 The involuntary removal of vocational training accreditation of a training post and/or GP supervisor;

2.2.4 Mandatory notification of a GPiT or GP supervisor to the AHPRA; and

2.2.5 Removal of a GPiT from a training facility under the Training Organisation's *GPiT at Risk* or similar policy.

3. Reporting

3.1 Some adverse events that are not critical incidents should be reported to the RACGP. These include instances where:

3.1.1 There is a risk of escalation of the incident with time;

3.1.2 Significant hostility or aggression is involved;

3.1.3 The incident and its associated risks have not been resolved under the Training Organisation's internal incident investigation and management processes;

3.1.4 RACGP resources and expertise could assist with the circumstances;

3.1.5 The Training Organisation would be reasonably expected to inform the RACGP, particularly in relation to contractual and fiduciary matters;

3.1.6 Any contract between the Training Organisation and RACGP requires notification; and

3.1.7 There are associated Training Organisation accreditation monitoring requirements in place, or the Training Organisation has been asked by the RACGP to report on specific incidents as part of the TO Accreditation monitoring outcomes.

3.2 Whether or not an adverse event is reported to the RACGP, the Training Organisation should document their management of the adverse event and its outcomes for the purposes of audit, accreditation and reference.

3.3 Critical incident and adverse events should be reported on the *Critical incident and adverse events reporting form* and emailed to criticalincidents@racgp.org.au

4. Monitoring

4.1 All adverse events must be actively monitored by the Training Organisation until a satisfactory resolution is achieved.

4.1.1 The RACGP National Clinical Lead - Transition, Innovation, Quality and Compliance can be phoned for advice and support in the first instance.

4.2 The RACGP may request a random file audit of adverse events internally managed by the Training Organisation. This will involve the RACGP reviewing documents related to the internal management of risks related to the delivery of GP education. Training Organisations will be expected to share documents with the RACGP within 20 business days once requested. Details of information required will accompany the document request.

4.3 An adverse event register will be maintained by Training Organisations. This will be reviewed by the RACGP as part of Training Organisation Accreditation processes.

4.4 circumstances where a specific concern has arisen.

4.5 The RACGP may direct the Training Organisation to report on specific areas. This is expected in The Standards for General Practice Training criterion 1.1.1.4 requirements state:

> 'Critical incidents and their resolution are reported to the RACGP in line with the requirements of the RACGP's *Accreditation management agreement*. There are documented grievance and appeals processes in place that are transparent and accessible.'

4.6 Training Organisations will manage risks that occur in delivering programs to inform a quality improvement process integrated into Training Organisation activities.

5. Communication

5.1 All email communication should be sent to the RACGP at criticalincidents@racgp.org.au. For any critical incidents, it is expected the RACGP will receive the report without any unreasonable delay, recognising the importance of the model of shared risk management, as outlined in any contract, which is inherent in the delivery of RACGP education programs.

5.2 The RACGP will send an email acknowledgment of each report within 10 business days.

5.3 The RACGP will provide the Training Organisations with the outcome of the internal review of each report, and will provide the Training Organisations with feedback within 20 business days. As a result of this review, the RACGP may:

5.3.1 Ask for additional information, or clarification of information provided;

5.3.2 Request to work with the Training Organisation to support any ongoing situation of shared risk;

5.3.3 Request that the Training Organisation provide periodic reports on the circumstances of shared risk where the incident may have an ongoing impact;

5.3.4 Advising that the incident can be closed and no further action is required by the Training Organisation.

5.4 The RACGP will manage information in accordance with the *RACGP Privacy Policy*. The RACGP and the Training Organisation are required to share information relevant to the circumstances in order to meet mutual obligations in the delivery of programs. This will be for legitimate and justifiable training purposes that are within the bounds of training contracts and in accordance with privacy laws. Identification of parties involved allows accurate and timely support from the RACGP. Where there is uncertainty around identifying individuals in a report the Training Organisation should discuss this with the National Clinical Lead- Transition, Innovation, Quality and Compliance.

5.5 Where reports involve a GPiT and/or a GP Supervisor the relevant Censor should be informed to assist with oversight responsibilities that rest with them.The RACGP may also use the information in the report to reach out to offer assistance to the Training Organisation in support of the principles and policies of AGPT and PEP and the RACGP.

5.6 If any information shared by the Training Organisation to the RACGP as part of the reporting process is viewed as being in conflict with privacy policies of the Training Organisation, the RACGP, or raise concerns with aspects of law or regulation, this should be discussed with the RACGP Clinical Lead, Transition, Innovation, Quality and Compliance.

5.7 The intention of any ongoing communication is to support the TO and RACGP in meeting its objectives of safe and effective program delivery and fostering an increased appreciation of each other's risk management procedures towards meeting mutual accreditation requirements.

6. Document References

RACGP Accreditation Management Agreement

RACGP Standards for General Practice Training – Criterion 1.1.1.4 RTO Critical Incident / Adverse Event Report

PEP Training Organisation Agreement

RACGP Training Organisation Critical Incident/Adverse Event Report Form PDF