



This incident report relates to: (please tick the exam this incident applies to)

- Applied Knowledge Test (AKT) Key Feature Problem (KFP) FICPI Other assessment
- OSCE Room No. Rotation Case No.
- PBA: (please indicate segment) External clinical visit Viva Recorded consultations

Date of exam	Time of incident	State	City	Venue
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Section A: **Candidate's description of events** (if applicable)

Name	RACGP ID	Signature	Date
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Important note to staff: If Section A is completed by a candidate, Sections B and C MUST be completed by the relevant Examiners.

Section B: **RACGP description of events #1**

Name	RACGP ID	Signature	Date
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Examiner	QA Examiner	Trainee Examiner	Invigilator/RACGP staff	Assessment Panel Chair/Delegate
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Duration of incident (if applicable)

Was anything done to remedy the incident or to compensate for it at the time? No Yes, please explain

Did the candidate appear to be affected by the incident? No Yes, please explain

