

Adverse event and critical incident report form



RACGP GP Training

Please use this form in conjunction with the 'Adverse event and critical incident management and reporting guidance document' for RACGP training programs.

AGPT registrars, practice managers and Supervisors - All adverse events (including critical incidents) are reported and managed through the Training Management System portal. However, this form may be used for initial reporting if the system is not accessible.

FSP registrars, practice managers and supervisors will use this form for initial reporting. A link is available in the FSP portal. Management of the event is documented through FSP systems.

RACGP Medical Educators and staff can use this form to report information on behalf of registrars, training sites or supervisors across both programs.

Adverse event details

Date of adverse event

Time of adverse event (if applicable)

Have you already discussed the event / incident with someone at the RACGP? (Yes or No)

☐ Y ☐ N

If yes, please include details of the person

Details of adverse event

Location where the adverse event occurred (e.g., practice name, hospital, community location)

Parties involved

Please include the names of people impacted or involved in the incident or event as applicable

Registrar Name

- ☐ AGPT
☐ Fellowship Support Program (FSP)
☐ International Specialist Program

Supervisor Name

Practice Manager

Practice / Training Site Name

Practice Staff Name

Medical Educator Name

Other (please specify role)

1. Are the training site, supervisor or registrar working under a “remote” supervision model? (Yes or No)

☐ Y ☐ N

2. Describe the adverse event, including any injury or illness incurred

3. Describe the immediate actions taken to manage the adverse event

4. Describe any detail subsequent management undertaken to resolve the issue and reduce any residual risk

5. Any further information

Name and position of the person completing the report

Electronic Signature

Date

Please return this completed report and any attachments to adverseevents@racgp.org.au or press the Submit button to attach to your email. In providing additional information, please ensure adherence to Privacy legislation. No patient identifying information should be submitted eg patient name, patient progress notes. If necessary for reporting a deidentified summary of the situation should be submitted.

Internal use

Date received by the RACGP

Date Training Coordinator advised

Date report entered into CMS Case Management portal