

Critical Incident Reporting Form

1. Tick which category the critical incident relates to:

- ☐ Prescribing errors that results in a serious adverse outcome, that the supervisors thinks should not have occurred
- ☐ Any proposed, likely or actual legal action against a registrar or GP supervisor
- ☐ Any death that is the subject of a coronial inquest where the registrar's clinical management is under question
- ☐ A car or work-related accident while working which results in a significant injury and/or trauma
- ☐ A serious assault to a registrar
- ☐ Physical or psychological illness resulting in significant impairment to judgment or clinical performance
- ☐ A serious breach of conduct which is not deemed to be notifiable conduct

2. Date, time and description of what actually happened

3. The role(s) of all individual(s) involved in the event

4. The setting(s) where the event happened

5. The impact or potential impact of the event

6. Reflections/learnings from the event

7. Actions taken (where relevant or feasible) to rectify the event

Sign off:

Registrar

Supervisor

Attach additional pages if necessary.

Please forward to: email: val.treneman@sgpt.com.au, fax 03 5132 3133, or mail to PO Box 261 Churchill Vic 3842.