

Controlled Procedure:

INCIDENT REPORTING - CRITICAL INCIDENT, ADVERSE EVENT AND SERIOUS ISSUES

Background:

This procedure should be read in conjunction with the RVTS Critical Incident and Serious Issues Notification Policy which outlines the obligations of RVTS in reporting critical incidents and adverse events to relevant parties/authorities, including the Colleges¹, and the RVTS Board.

The policy ensures compliance with relevant accreditation and training standards, and meets incident notification obligations. The policy provides guidelines for consistency, transparency and accountability regarding the: identification; management; reporting; and monitoring of critical incidents and adverse events relating to the RVTS education program.

The policy applies to all activities involving training locations (practices), and all registrars training with RVTS under the program; all RVTS supervisors who are responsible for the supervision of those registrars; and all RVTS employees, including members of the Board.

RVTS encourages all registrars and supervisors to be proactive in bringing incidents to the attention of RVTS.

Procedure:

This Incident Reporting Procedure outlines the particular responsibilities of RVTS stakeholders in reporting adverse events, critical incidents and serious issues (collectively referred to as 'incidents') to the RVTS.

General principles:

1. RVTS personnel must adhere to the terms of the RVTS Privacy Policy.
2. There is an expectation that all RVTS registrars, supervisors, staff and Board are conversant with their responsibilities (*as outlined in this policy and procedure*) and the processes to progress, address and where possible, resolve issues, either individually or collectively.

The following sections outline the specific responsibilities of various RVTS stakeholders in alerting RVTS of incidents, and includes links to appropriate reporting forms.

- Section 1. Overview – who should stakeholders report incidents to?
- Section 2. How to Report
 - Section 2.1 Registrar Reports
 - Section 2.2 Supervisor Reports
 - Section 2.3 Practice Manager Reports
 - Section 2.4 RVTS Employee Reports

The process for review of reports is outlined in section 3.

The process for CEO notification of incidents is outlined in section 4.

¹ Australian College of Rural and Remote Medicine (ACRRM) and/or the Royal Australian College of General Practitioners (RACGP) (collectively referred to as 'the Colleges').

Section 1. Overview – Who should stakeholders report incidents to?

Stakeholder	Incident to be reported to:	
1. Registrars	Registrar Training Coordinator; <i>and/or</i> RVTs Supervisor <i>(note: where an incident occurs in the practice setting, there is an expectation that the Registrar will comply with the Practice's Incident Management system – where the Practice Manager would be notified)</i>	Documented report to be forwarded to Quality and Governance Manager csmith@rvts.org.au for review with: Director of Training CEO
2. Supervisors	Director of Training	Documented report to be forwarded to Quality and Governance Manager csmith@rvts.org.au for review with: CEO
3. Medical Educators	Director of Training	Documented report to be forwarded to Quality and Governance Manager csmith@rvts.org.au for review with: CEO
4. RVTs Staff	Line Manager	Documented report to be forwarded to Quality and Governance Manager csmith@rvts.org.au for review with: Director of Training CEO
5. Practice Managers	Registrar Training Coordinator; <i>and/or</i> RVTs Training Support Manager	Documented report to be forwarded to Quality and Governance Manager csmith@rvts.org.au for review with: Director of Training CEO

Section 2. How to Report:

Incident Reporting Form:

Reports can be made anonymously, however must contain a level of detail to provide RVTS with adequate information to consider and investigate matters. RVTS is committed to ensuring confidentiality in respect of all matters raised under this Policy, and that those who make a report are treated fairly and do not suffer detriment as a result of making a report.

Phone Contact with RVTS:

Individual stakeholders should refer to the *Overview of Incident Reporting* in section 1 above.

In the first instance, phone contact can be made to advise RVTS of the Incident. A documented Incident Report must then be initiated to capture all relevant information, and forwarded to the Quality and Governance Manager for processing and review.

Section 2.1 Registrar reports:

Registrars must report incidents to their RVTS supervisor, and to the practice manager (where related to clinical practice), using the prescribed form as soon practicable.

Any incident that is life threatening or poses personal harm to any individual, must be reported immediately.

There is an assumption, if relevant to clinical practice, the Registrar will report the 'incident' to their Medical Indemnity provider, and have the incident recorded in the practice's clinical risk management system.

In documenting the initial report to RVTS:

The Registrar will:

- Inform the RVTS Supervisor and RTC of the incident, preferably in writing using the prescribed form.
- Attach any relevant information relating to incidents impacting their capacity to undertake training or their capacity to work.

The Supervisor in liaison with the RTC will:

- Discuss the report directly with the Registrar
- Document or revise the initial report and forward to the Quality and Governance Manager
- Further liaison may be required in the review of the documented report.

On receipt of the report, the Quality and Governance Manager will:

- Liaise with the Supervisor and/or RTC to collate further information where required
- Advise the CEO of receipt of the report
- Log the incident in the Critical Incident Register
- Initiate review of the incident by the CEO and key staff to determine if further action should be taken (*refer management review process below*)
- Notify the Registrar and Supervisor of the outcome of the initial review, even if no further action is deemed necessary.

Section 2.2. Supervisors reports:

RVTS Supervisors are required to report to RVTS any 'incident' likely to impact their Registrar in Training, their own capacity to meet the requirements of their role with RVTS, and/or incidents impacting the RVTS program.

The report should be made using the prescribed form as soon practicable.

There is an assumption that if relevant to their own clinical practice, the Supervisor will report the 'incident' to their Medical Indemnity provider, and have the incident recorded in their practice's clinical risk management system.

In documenting the initial report to RVTS the Supervisor will:

- Where involving a registrar in training, discuss the report directly with the Registrar
- Include all relevant information and documentation as attachments to the report
- Sign the documented report
- Discuss the report with the Director of Training and forward documented report for their action

On receipt of the initial report, the Director of Training will:

- Arrange a time to discuss the incident with the supervisor to address any concerns/ offer support to the supervisor as required
- Review the incident report and add any additional information at hand
- Submit the report electronically to the Quality and Governance Manager

Further liaison may be required in the review of the documented report.

On receipt of the report the Quality and Governance Manager will:

- Liaise with the DoT to collate further information where required
- Advise the CEO of receipt of the report
- Log the incident in the Critical Incident Register
- Initiate review of the incident by the CEO, DoT and key staff to determine if further action should be taken (*refer management review process below*)
- Notify the Supervisor of the outcome of the initial review, even if no further action is deemed necessary.

Section 2.3. Practice Manager Reports

In the event of an in-practice incident where an RVTS registrar is working, in accordance with the Practice MOU² the Practice Manager is required to notify RVTS. Any incident that is likely to impact the Registrar's capacity to work, clinical practice and/or training must be reported.

The report should be made using the prescribed form as soon practicable.

There is an assumption, if relevant to clinical practice, the incident will be managed under the Practice clinical risk management system.

In documenting the initial report to RVTS the Practice Manager will:

- Where specifically involving an RVTS Registrar, discuss the report directly with the Registrar
- Include all relevant information and documentation as attachments to the report
- Sign the documented report
- Submit the report electronically to the RVTS Registrar Training Coordinator and/or Training Support Manager

Further liaison may be required in processing the report.

On receipt of the initial report, the RTC and Training Support Manager will:

- Review the incident report and add any additional information at hand
- Submit the report electronically to the Quality and Governance Manager
- Arrange a time to discuss the incident with the Registrar and their Supervisor to address any concerns/ offer support as required
- Liaise with the DoT where required.

On receipt of the report the Quality and Governance Manager will:

- liaise with the Training Support Manager to collate further information where required
- Advise the CEO of receipt of the report
- Log the incident in the Critical Incident Register
- Initiate review of the incident by the CEO, DoT and key staff to determine if further action should be taken (*refer management review process below*)
- Notify the Practice Manager of the outcome of the initial review, even if no further action is deemed necessary.

² Memorandum of Understanding between RVTS Ltd and Practice

Section 2.4. RVTS Employee Reports

The following outlines the responsibilities of specific RVTS employees, including links to the relevant forms.

The Employee

- In the first instance, must notify their line manager of the incident
 - for Medical Educators this will be the DOT

The Line Manager will:

- In liaison with the employee, document an incident report
- Where involving a registrar in training, discuss the report directly with the Registrar
- Include all relevant information and documentation as attachments to the report
- Sign the documented report
- Submit the incident report electronically to the Quality and Governance Manager.

On receipt of the report the Quality and Governance Manager will:

- Liaise with the Line Manager to collate further information where required
- Advise the CEO of receipt of the report
- Log the incident in the Critical Incident Register
- Initiate review of the incident by the CEO, DoT and key staff to determine if further action should be taken (*refer management review process below*)
- Notify the Line Manager and Employee of the outcome of the initial review, even if no further action is deemed necessary.

Section 3. Review process:

On receipt of an Incident Report the report the Quality and Governance Manager will:

- Log the incident in the Critical Incident Register
- Notify the CEO that an Incident Report has been received
- Create an Incident Report file, ensuring all relevant documentation is kept electronically and readily available for review.
- Initiate review of the incident by the CEO, DoT and key staff as required.

The **Quality Manager** is responsible for monitoring the progress of each Incident Report through to close off. This will include:

- Updating Incident Reports to verify that agreed actions have been undertaken (*or noting further action required*)
- Closing the report, updating the Critical Incident Register and retaining reports electronically, on the RVTS file management system.

3.1 Management review

Review of all incident reports will be undertaken by the CEO with key staff to determine if incidents are notifiable in accordance with the [Critical Incident, Serious Issues and Adverse Event Notification policy](#).

On receipt of an Incident Report the CEO will:

- Undertake a review, in conjunction with other key staff as required, to assign a level of acuity to incidents, to in the first instance, determine if the incident is notifiable to either or both the RACGP and ACRRM, and to other parties/authorities including the RVTS Board

- In accordance with the RVTS Risk Framework, advise the RVTS Board of incidents exposing the RVTS Ltd to strategic or reputational risk

3.2 Notifiable Incident

Where the incident is deemed to require notification to the respective College:

3.2.1 If the incident relates to ACRRM, the ACRRM College's Serious issues reporting form must be completed and sent to the ACRRM Director of Training at DOT@acrrm.org.au

3.2.2 If the incident relates to RACGP, notification to the RACGP can be made using the

RACGP RTO Critical Incident / Adverse Event Report form

and should be sent to the Director of Medical Education and Training for forwarding to the college via email Criticalincidents@racgp.org.au

3.2.3 Depending upon the nature of the incident, e.g. notifiable data breaches, RVTS will notify relevant parties in line with relevant legislation, RVTS Privacy, and Record Management policies and associated procedures for Data Breach Management

3.2.4 The CEO will inform the RVTS Board of Notifiable Incidents, in the first instance by notifying the Board Chair, then notification to Directors.

3.3 Review and Root Cause Analysis

In accordance with the policy, where an adverse event or incident is of a serious nature, the CEO may convene a team to conduct an RCA investigation, whose scope includes any system, process or other failure that may have contributed to the incident. The RCA report, including recommendations, is submitted to the RVTS Board for consideration and implementation.

All related documentation of the incident is stored electronically in the RVTS file management system.

3.4 Incident Monitoring

RVTS continually monitors and evaluates the effectiveness of actions taken to resolve issues identified from reported incidents, to inform further quality improvements to the model of supervision, training program, registrar and supervisor support, or training location.

The Quality and Governance Manager will:

- Maintain the Critical Incident Register
- Present the Critical Incident Register and regular briefing reports to the quarterly meetings of the Quality and Risk Subcommittee of the RVTS Board
- Once all required actions have been verified and completed, the critical incident file will be closed.

3.5 Support to stakeholders:

The Director of Training will arrange a time to discuss the incident with the relevant registrar, supervisor, or practice to address any concerns and offer support, as required.

Depending on the nature of the incident, registrar support may involve the Registrar Liaison Officer (RLO), or Registrar Training Coordinator (RTC) and Medical Educator, and/or external medical well-being professionals as required.

The CEO will ensure that any relevant details of the incident are discussed with the Medical Educator team, so that suitable support is provided to relevant stakeholders and agreed actions are implemented. Outcomes of this discussion and the support offered will be documented.

3.6 Updates to stakeholders:

Relevant stakeholders (registrars, supervisors, employees and practice managers will be notified of the outcome, regardless of whether or not any further action is required).

Related Documents:

- Critical Incident and Serious Issues Notification Policy
- Incident Reporting Form
- Data Breach Management Procedure
- RVTS Critical Incident Register
- ACRRM Serious Issues Reporting Form (electronic)
- RACGP Critical Incident / Adverse Event Report (electronic)

Document control

Warning – Uncontrolled when printed! The current version of this document is kept on the RVTS server.

Authorised by: CEO

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