



# Managing and Reporting Patient Safety Concerns arising in Training - Academic/Education Procedure

## 1. Purpose of Procedures

This document is to be read in conjunction with the related Policy. It outlines the procedure for responding to and informing employers and or regulators when patient safety concerns arise during the course of the Training Program.

## 2. Scope and Application

These procedures apply to the all Trainees enrolled in the Training Program (including local, PTCs and IMGs), and other candidates enrolled in courses where patient contact is a requirement.

## 3. Definitions

*Patient safety*, (as noted by the [WHO in 2009](#)), is the reduction of risk of unnecessary harm associated with healthcare to an acceptable minimum. An acceptable minimum refers to the collective notions of given current knowledge, resources available and the context in which care was delivered weighed against the risk of non-treatment or other treatment.

## 4. Procedures for dealing with Patient Safety Concerns

Concerns for patient safety may arise from Training Program assessments, or from observations made as part of the trainee's day-to-day workplace responsibilities, or a combination of both. These concerns may be addressed via standard College processes relating to unsatisfactory performance (e.g. implementation of a Performance Improvement Plan). Where these concerns relate to patient safety, processes are outlined below to ensure appropriate actions are taken and relevant authorities are informed.

The following processes are to be followed should a matter arise regarding patient safety.

1. In the case where an incident regarding patient safety is observed by a supervisor they should intervene immediately to ensure the patient (and/or trainee) is not placed at further risk.

Where the incident is reported to a supervisor after the event, the supervisor should establish as soon as possible what actions were taken to ensure the patient (and/or trainee) is not placed at further risk and take necessary action as appropriate to ensure safety.

2. Once the patient/trainee is deemed to be no longer at risk the supervisor should report the matter to the employer as per the time frames of the employers existing policies for such matters or as appropriate.

The employer may have specific policies and actions relating to patient safety and these should be followed, keeping the trainee, patient and relevant parties informed as necessary. If during the process of review by the employer the employment status of the

trainee changes, the Supervisor should inform the College for consideration of action in relation to the trainee's position in the Training Program.

The Supervisor should also inform the Director of Training within 48 hours of the incident detailing:

- a. The type of incident (e.g. clinical, procedural, medication, communication, ethics)
- b. The details of the incident
- c. How the incident was detected (and by whom)
- d. Identify contributing factors to the incident
- e. Identify any mitigating factors
- f. Impact of incident on the patient (and seriousness)
- g. Actions taken to reduce the risk
- h. What was done to manage the situation

The trainee should also be informed of this action and directed to this policy/procedure.

3. The Director of Training should then inform the Chair of the National Training Committee and the College (Director of Education) who will investigate the matter with the National Training Committee, and other relevant office holders, and determine further action. This step should take no longer than 10 to 15 working days, depending on the nature of the incident and other factors such as the employer investigation. The trainee will be informed of this process.

Further action may include, but not be limited to, remedial action in the workplace, applying the Unsatisfactory Performance policy, or escalation to The Academic Standards Committee in extreme circumstances for further consideration. This will be detailed and reported to the trainee, in conjunction with any relevant employer actions as appropriate.

4. Where a decision is referred to the Academic Committee a decision will be made within 15 working days. The Trainee and other relevant stakeholders (e.g. regulators, DOT) will be informed based on the outcome of the decision. College may also take further action according to the relevant code of practice.

## 5. Time Frames

As a general rule all steps should occur as soon as possible, but are outlined in each step of the process above.

## 6. Confidentiality and Procedural Fairness

Please refer to Procedural Fairness Policy on the website

## 7. Appeals

Please refer to the Reconsideration, Review and Appeals policy on the College website.

## 8. Controls

Policy Number:	ACA002
Approval Authority:	Academic Standards Committee
Responsible Officer:	Director Education Services

## Attachment 4

Designated Officer	Senior Administration Officer
First Approved:	18 May 2018
Effective Start Date:	21 May 2018
Review Date:	January 2020

### 9. History

Version	Date	Summary of changes
1	18 May 2018	Academic Standards Committee approval

### 10. Related Documents

Unsatisfactory Performance policy, Candidate in difficulty, Health Practitioner Regulation law