

# **Thames Valley Local Office**

**Incident Report Form (Resident Doctors)**

**Doctors’ details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name |  | GMC number |  |
| Programme |  | Grade |  |
| Employing Trust/Host Organisation |  |

**Date of Incident**

|  |
| --- |
|  |

**Incident Type**

|  |  |
| --- | --- |
| 1. Patient Safety Incident requiring a mandatory PSII (include category)
 |  |
| 1. Formal complaint
 |  |
| 1. Claim (e.g. clinical negligence)
 |  |
| 1. Human resources / professional standards investigation
 |  |
| 1. Coroner inquest
 |  |
| 1. Criminal investigation
 |  |
| 1. GMC referral
 |  |

**Summary**

*Include brief details of what happened and where, impact for patients / service users*

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|  |

**Status**

*What stage is the investigation at, expected date of completion. Remember to update us on the investigation and once known, the outcome and actions identified.*

|  |
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|  |

**Form completed by**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Role |  |
| Organisation |  | Date |  |

**A copy of this report should be shared with the resident doctor**

**Please upload completed reports to the secure SharePoint folder**

**For access issues please email** england.revalidation.tv@nhs.net