

# Substantial Comparability Pathway

## CASE BASED DISCUSSION INCIDENT REPORT FORM



To be considered, this form must be received by the College no later than five (5) working days after the completion of the Case based Discussion.

*The Committee for Specialist International Medical Graduate Education (CSIMGE) requests that at the completion of the Case based Discussion, you submit a brief report of any incident you believe might have an effect on the outcome of the Case based Discussion. This form is for use by candidates, Assessors or Supervisors wishing to report an incident.*

Name of person making report: \_\_\_\_\_

Preferred telephone number and email address: \_\_\_\_\_

Candidate's name: \_\_\_\_\_

| CASE BASED DISCUSSION DETAILS           |
|-----------------------------------------|
| Date and time of Case based Discussion: |
| Location of Case based Discussion:      |
| Name of Assessor/s:                     |

1. Please give a brief description of the incident, sufficient to enable the Committee to determine suitable action.

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**Question 1 continued**

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**2. What is the main reason you are completing this form and what outcomes do you hope to achieve?**

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**3. Have you discussed this incident with another person, such as a Clinical Director, work colleague or a RANZCP Fellow, with whom you would like RANZCP to be in communication about the matter?**

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