
QMS-250 REPORTABLE INCIDENT PROCEDURE

DOCUMENT CONTROL

Policy Custodian (Responsible): Director - Commissioning	Policy Owner (Accountable): Executive Director - Commissioning	Version: 1.1
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REVISION RECORD

Date	Version	Revision Description
12/06/2025	1.0	Document created.
02/04/2026	1.1	New online Folio form link added
22/04/2026	1.2	Inclusion of data breach incidents

1. PURPOSE

The *Reportable Incident Procedure* establishes a standardised process for reporting, categorising and managing incidents that ensures compliance with relevant legislation and supports safe, transparent and accountable commissioned service provision.

This document is to be used to track completion of key steps when managing a reportable incident for GCPHN Contracted Providers.

2. SCOPE

This procedure applies to:

- Providers and subcontractors
- GCPHN commissioned consultants

It covers all types of incidents including WHS-related events, suspected fraud, misconduct and other reportable concerns.

2.1 Definitions

- **Complaint** means grievances, shortcomings, issues or dissatisfaction with services provided in accordance with the GCPHN Complaints Management Procedure
- **Incident** means any unplanned event that results in, or could have resulted in, injury, illness, damage to property, environmental harm or reputational impact
- **Near miss** means an unplanned event that did not result in injury, illness or damage but had the potential to do so
- **Notifiable incident** means an incident as detailed under relevant Queensland work health and safety laws
- **Reportable incident** means any unintended or unexpected event as detailed under Clause 18 of the Services Agreement
- **Whistleblower** means a person who reports wrongdoing such as fraud, corruption, or serious misconduct in accordance with GCPHN's Whistleblower Management Policy and Procedure.

2.2 Complaints

Complaints are dealt with under the Complaints Management Procedure. These can be lodged using the online form [Complaints and Feedback - Gold Coast Primary Health Network](#)

2.3 Whistleblower

Whistleblower notifications are managed under the [Whistleblower Management Policy and Procedure](#). These can be lodged using the online form [Whistleblower Report](#)

3. REPORTABLE INCIDENT PRIORITIES

Reportable Incidents must be reported using the GCPHN Reportable Incident Notification online form, available at: [GCPHN Reportable Incident Notification Form | Folio](#).

3.1 Priority 1 Reportable Incidents

Priority 1 reportable incidents must be reported within **one working day** of the service provider becoming aware of the incident. A Priority 1 reportable Incident is one that:

- Caused or could reasonably have been expected to cause, a consumer physical or psychological injury and/or discomfort that requires medical or psychological treatment to resolve, or
- Where there are reasonable grounds to report the incident to the police, or
- That is an unexpected death of a service user, or

- Allegations of medical misconduct, or
- Involving unlawful sexual contact or inappropriate sexual conduct, or
- A data breach as detailed at Item 9.2 of the Service Agreement Service Schedule.

3.2 Priority 2 Reportable Incidents

A Priority 2 reportable incident must be reported within **three working days** and may include:

- Allegations of professional misconduct
- Breaches of clinical, professional or regulatory standards
- Unlawful activity by the Service Provider or a member of staff
- Activity which is contrary to the specified or expected standard of service provision

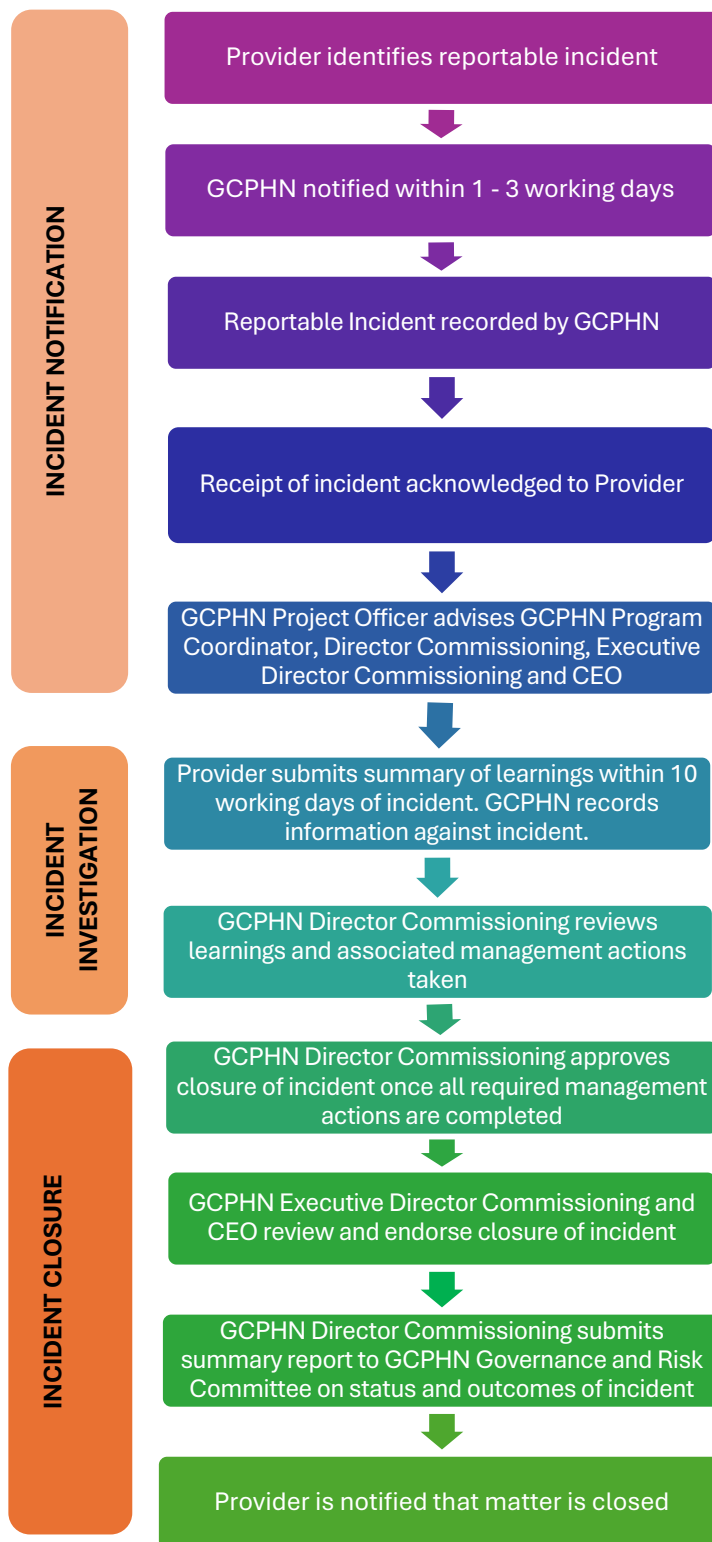
Note: This Procedure does not preclude the requirement to notify WorkSafe Queensland of all notifiable incidents

4. REPORTING PROCESS

Contracted organisations must:

- Manage incidents as they arise, including reporting the incident and any resulting action taken, or proposed action, to GCPHN and any other relevant bodies depending on the nature of the incident.
- Notify GCPHN immediately (within one working day) in the case of death, serious injury or illness of a staff member or service user by submitting the [GCPHN Reportable Incident Notification online form](#).
- Notify the GCPHN of any other Reportable Incident within three business days by submitting the [GCPHN Reportable Incident Notification online form](#).
- Undertake a review of contributing factors to the reportable incident and implement identified actions to mitigate risk of the incident occurring in the future.
- Communicate to GCPHN a summary of learnings and actions within 10 business days via email.

Overview



5. REPORTABLE INCIDENT GOVERNANCE

The following outlines a summary of relevant roles and responsibilities

Role	Responsibility
GCPHN Contracted Provider	<ul style="list-style-type: none">- Abide by the requirements of the Services Agreement and the GCPHN Reportable Incidents Procedure- Inform GCPHN of reportable incidents within the 1 – 3 working day timeframe by submitting the GCPHN Reportable Incident Notification online form.- Undertake a review of contributing factors to the reportable incident and implement identified actions to mitigate risk of the incident occurring in the future.- Communicate to GCPHN a summary of learnings and actions within 10 days by emailing commissioning@gcphn.com.au.
GCPHN Commissioning Team	<ul style="list-style-type: none">- Liaise with the Contractor and obtain documented incident report from contractor- Monitor of progress, agreed actions and timeframes to incident closure- Ensuring actions are progressed in required timeframes, and in a timely manner- Recommend closure of reportable incident to GCPHN Executive Director Commissioning and GCPHN CEO
GCPHN Executive Director Commissioning and GCPHN CEO	<ul style="list-style-type: none">- Approve closure of reportable incident- Collate summary information on reportable incident to GCPHN Governance and Risk Committee and GCPHN Board- Appoint an external expert to review a contracted provider's incident management and outcomes as required and appropriate

6. CONFIDENTIALITY

Incident reporting will be kept at the highest level of confidentiality and will be visible to selected staff within GCPHN.

7. DOCUMENT CONTROL - MONITORING, EVALUATION AND REVIEW

This Policy has been classified as a Level 1 document under the Controlled Documents Procedure, and should be reviewed every year or otherwise as improvements arise.

8. ASSOCIATED DOCUMENTS

[GCPHN Reportable Incident Notification online form](#)