TMF
Treasury Managed Fund

NSW GOVERNMENT Health
Hunter New England
Local Health District

ANNEXURE C TO THE CONTRACT
OF LIABILITY COVERAGE FOR VMOs (April 2002)

FORM A

TMF INCIDENT REPORT

NOTIFICATION OF INCIDENT THAT MAY LEAD TO A HEALTH CARE LIABILITY CLAIM

Name of medical practitioner:		
Type of appointment or position	**Medical practitioner's specialty:**	
VMO ☐ Clinical Academic ☐ Staff Specialist **(2-5 Private Referred Non in Patient)** ☐ Salaried Medical Practitioner ☐ Other* ……..	Anaesthetist ☐ Orthopaedics ☐ O&G ☐ General Surgery ☐ Neurosurgery ☐	GP Proceduralist ☐ Cardiothoracic ☐ Other Surgery* …….. ☐ Other * …… ☐ …….. ……..

VMO appointments only				
Type of VMO Contract	Sessional ☐	Fee-for-Service ☐	Rural Doctors Settlement Package ☐	Other* ☐ ……
Is the VMO Contract:	In your name? ☐	In the name of a practice company? ☐		
Contract Period:	Start Date:	End Date:		
Has the VMO signed the written service contract?			Yes ☐	No ☐
Has the VMO signed a contract of liability coverage?			Yes ☐	No ☐

All appointments or positions		
Public hospital or public health service where incident occurred:		
Description of incident: (Note: If more room required please attach addendum and initial and date)		
Date of incident:		
Patient's name:		
Patient MRN:	Patient DOB:	
Have you informed the patient of the incident?	Yes ☐	No ☐
Were any other medical practitioners involved in this incident?	Yes ☐	No ☐
Names of these medical practitioners, their appointment mode and specialty: _____		
Was the patient registered as a public hospital or public health service patient (non-chargeable)?	Yes ☐	No ☐
Medical practitioner's signature:	**Date:**	

** Please provide specific details*

For public health organisation use only

Received by PHO _____ Date ……/……/…….

Signature and name of nominated PHO officer and/or VMO Contact Officer

FORM B

TMF INCIDENT REPORT

CERTIFICATION BY
Safety and Risk Unit

This is to certify that in the above reported incident attached as Form A:		
The medical practitioner was treating a public hospital or public health service non-chargeable patient.	Yes □	No □
The medical practitioner was working as VMO □ Clinical Academic □ Other □ ……		
If a VMO, the VMO contract period is from _____ to _____		
The VMO has signed the written service agreement Yes	Yes □	No □
The VMO has signed the contract of liability coverage	Yes □	No □
Will internal reports on this incident be prepared? (Director of Medical Services to advise if report to be prepared)	Yes □	No □

Name of PHO contact Officer: Director Medical Services		
Position Held:		
Signature:		
Contact Number:		Date: