

Reporting Issues in the Training Environment Form

DESCRIPTION

This form is used by Registrars to report issues in their training environment to the ACSEP. All issues are handled in accordance with ACSEP policies including the Privacy Policy, Records Management Policy, Grievance Policy and Procedure, and Bullying, Discrimination and Harassment Policy. The completed form must be emailed to registrars@acsep.org.au.

REGISTRAR DETAILS

| Registrar name | | |
|-------------------|------------------|--|
| Stage of training | Year | |
| Date | Primary CTS name | |

ISSUE DETAILS

| Issue occurrence date | ☐ Ongoing issue | | | | |
|---|---|--|--|--|--|
| Which area(s) does the issue relate to? | | | | | |
| Registrar health, welfare and interests | □ No structured orientation process | | | | |
| | ☐ Inconsistent, unfair, unsafe or inequitable work hours | | | | |
| | ☐ Bullying, discrimination or harassment | | | | |
| | ☐ Ineffective Registrar management between the Registrar, supervisor(s) and/or administrative staff | | | | |
| | ☐ Inability to participate in clinical governance | | | | |
| Clinical infrastructure | ☐ Inhibited from meeting ACSEP Training Program requirements | | | | |
| and facilities | ☐ Substandard physical environment | | | | |
| Clinical care and experience | ☐ Clinical Training Supervisor inaccessible or inappropriate | | | | |
| | ☐ Not provided with appropriate clinical experience | | | | |



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| | ☐ Not provided with multidisciplinary service access | | | |
|---|--|--|--|--|
| | ☐ Not provided with appropriate equipment | | | |
| Research | □ Not supported to undertake research | | | |
| Other | □ Other (please specify) | | | |
| Provide specific detail on | the issue | | | |
| | | | | |
| | | | | |
| | | | | |
| Have you attempted to resolve the issue? | | | | |
| ☐ Yes ☐ No | | | | |
| If yes, how have you attempted to resolve it? | | | | |
| | | | | |
| | | | | |
| | | | | |
| Have the details of the issue been shared with anyone else? | | | | |
| | | | | |
| | | | | |
| | | | | |
| How would you like to se | e the issue resolved? | | | |
| | | | | |
| | | | | |
| | | | | |



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SIGNOFF

| Registrar Name | Cian atum | |
|----------------|-----------|--|
| Date | Signature | |