

Public consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education

April 2024

Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages. The boxes will expand to accommodate your response. You do not need to respond to a question if you have no comment.

Making a submission

Send the completed response template to AC_consultation@ahpra.gov.au using the subject line 'Feedback – public consultation on good practice guidance for clinical placements, simulation-based learning and virtual care'.

Submissions are due by close of business (AEST) 21 June 2024.

Publication of submissions

At the end of the consultation period, submissions (other than those made in confidence) will be published on the Accreditation Committee's website to encourage discussion and inform the community and stakeholders about consultation responses.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982 (Cth)*, which has provisions designed to protect personal information and information given in confidence. **Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.**

We will not place on the website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them, and their publication does not imply any acceptance of, or agreement with, these views by the review.

Published submissions will include the names of the individuals and/or the organisations that made the submission, unless confidentiality is requested. If you do not wish for your name and/or organisation's name to be published, please use the words '**Confidential submission**' in the subject title when emailing your submission.

Initial questions

To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.

Question A

Are you completing this submission on behalf of an organisation or as an individual?

Your answer:

Organisation

Name of organisation: **Australian Psychological Society**

Contact email: [REDACTED]

Myself

Name: [Click or tap here to enter text.](#)

Contact email: [Click or tap here to enter text.](#)

Question B

If you are completing this submission as an individual, are you:

A registered health practitioner?

Profession: [Click or tap here to enter text.](#)

A member of the public?

Other: [Click or tap here to enter text.](#)

Question C

Would you like your submission to be published?

Yes, publish my submission **with** my name/organisation name

Yes, publish my submission **without** my name/ organisation name

No – **do not** publish my submission

Your responses to the consultation questions

1. Do you have any comments on the good practice statements in the guidance?		
Please add your comments to the following table and add a new row for each good practice statement you have a comment for.		
Guidance	Good practice statement	Comments or suggestions
From a general perspective, the APS does not have any key concerns with the good practice statements. They appear logical and appropriate for the context. Some minor feedback on the statements is below.		
Clinical placements	<p>Page 7, point 7</p> <p>Understand external pressures that might impact the student during their placement, e.g. work, study, culturally unsafe environments, caring responsibilities, family responsibilities, cultural and religious responsibilities, financial pressures, etc.</p>	<ul style="list-style-type: none"> This statement could be strengthened with reference to supporting students with a disability, learning difficulties or neurodivergence when undertaking placements (i.e., consideration of the alignment between undertaking placements and existing disability standards in education). Consideration could be given to providing acknowledgement of the importance of clinical placements being <i>psychologically safe</i> environments.
Clinical placements	<p>Page 7, point 13</p> <p>Does not have any conditions on their registration, either currently or in the preceding twelve months.</p>	<ul style="list-style-type: none"> The implications of interactions with other existing Guidelines need to be considered within this context, e.g., the Psychology Board of Australia, Guidelines for Supervisors,¹ which specifies: "The Board can refuse an initial application for Board Approved Supervisor (BAS) status, an application to maintain BAS status, or an application to reinstate BAS status after a period of revocation, if the psychologist: has conditions or restrictions on their registration (the Board will consider if the conditions or restrictions, or the relating notification, complaint, or disciplinary matter relates to or affects the provision of supervision)."

2. Are there any other evidence-based good practice statements that should be included in the guidance?

Good practice in clinical placements

- The practice statements may benefit from more strongly emphasising the important element of ‘preparation’ for clinical placements in psychology.
- As outlined in our response to Question 1, further consideration may be required in terms of how the practice statements for ‘clinical placement supervisors’ recognise and acknowledge existing guidelines.¹ Psychologists have mandatory requirements and compliance for training and CPD to gain and maintain registration.

Simulation-based learning

- We support the statements in the guidance on simulation-based learning. The statements presented appear appropriate for the context.
- We provide a reference to additional literature that may be of value to the Accreditation Committee, which focuses on the development of standardised guidelines for the inclusion of simulation-based learning in psychology training in Australia.² This work specifically highlighted the importance of simulated based learning:
 - being competency based,
 - building on existing skills and knowledge,
 - extending opportunities for new learning,
 - representing real life practice,
 - requiring active participation,
 - being designed and implemented in a structured and controlled manner,
 - being appropriately supervised,
 - providing ongoing feedback and evaluation,
 - facilitating reflective practice, and
 - including mechanisms for all stakeholders to provide feedback.
- The committee may also consider including guidance on artificial intelligence (AI) and preparing for potential implications of AI for training, learning and/or service delivery. It is important that graduates are conversant with the key issues relevant to AI and the profession, and how this might impact clinical settings.

Virtual care learning experiences

- It is important for specific virtual care learning experiences to align with evidence-based competencies required to deliver services via virtual care modalities in practice. Virtual care, as a modality for service delivery, has been increasingly used by psychologists in recent years. Students must be prepared at an appropriate level of competence upon graduation to deliver effective psychology services virtually, as well as face to face. Differences in delivering psychology sessions either face to face or in virtual settings raise considerations regarding the benefits of developing specific competencies for each modality (i.e., differences in sensory, communication or behavioural cues between clinician and client).

3. What information could the committee provide that would help National Scheme entities implement the guidance?

- The committee may wish to consider developing a strategic implementation plan, including:
 - Outlining how the committee will communicate with National Schemes on the new guidance. For example, ensuring National Scheme entities are aware of the potential implications of the new guidance in terms of interactions with existing guidelines, regulations, standards, recommendations, and consideration of legal, regulatory, or ethical implications.
 - Developing resources (i.e., educational) to support National Scheme entities to effectively implement the guidance and maintain high-quality placements.
 - Continuing consultation with relevant stakeholders, including National Scheme entities, on future drafts and revisions of the guidance.

4. Do you have any general comments or feedback about the guidance?

- Whilst simulation based learning and virtual care continue to emerge and develop, the APS considers them an integrated and integral element of the clinical placement and learning experience, as opposed to distinct aspects.

References

¹ Psychology Board of Australia (2018). Guidelines for Supervisors.

² Australian Postgraduate Psychology Simulation Education Working Group (APPESWG). (2021, August). A new reality: the role of simulated learning activities in postgraduate psychology training programs. In *Frontiers in Education* (Vol. 6, p. 653269). Frontiers Media SA.