

Public consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education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Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages.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 These submissions will not be published on the website or elsewhere.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: Faculty of Science and Health, Charles Sturt University

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
Clinical placements <input checked="" type="checkbox"/> Simulation-based learning <input type="checkbox"/> Virtual care <input type="checkbox"/>	1. Experience variety in their placements diverse practice settings (such as primary care, private and public hospitals, residential aged care, prisons etc.) ^{6,7,8} <ul style="list-style-type: none"> • a diverse range of patients and patient presentations (clinical issues, populations, ages, cultures, etc.) • in diverse geographic locations (rural, regional and metropolitan), where possible.^{6,7,8} ...	<p>We would agree that students will benefit from access to variety in their learning as they are exposed to a range of learning challenges. However, when the statements as they are written are used in accreditation they can imply that for learning to occur students must record a variety of experiences in multiple settings, geographic locations for learning to occur.</p> <p>From our experience although these are guidelines and there is the inclusion of the term “where possible” accrediting bodies prepare standards that make this variety a requirement.</p> <p>The consequences are that these become a limitation on the flexibility and capacity of students and educators to develop models of placement that encompass innovation and integrating other aspects of maximizing student learning. For example, variety of geographical locations leads to requiring students to travel at substantial personal and financial burden across multiple settings with demands on accommodation and family support. The guidelines for maximal learning do pay attention to learning occurring well in environments that are safe, well-supported and students are not burdened by factors outside the clinical environment. The additional learning to be gained from insisting on a variety of practice settings and locations may be overshadowed by other factors. In addition, in areas such as rural practice the goal of building a stable and adequate workforce may be best achieved by models that embed people within a region for their studies. There is ample evidence that future rural practice is most associated with educating people from rural areas in</p>

		<p>rural areas workforce. Requiring students from metropolitan centres to mandatorily include rural experiences burdens rural placement providers with students who may have little interest in future rural practice. Conversely, being able to concentrate the learning experiences of a mature age nursing student with a family within a tighter geographical area may be far more beneficial to the future workforce than ensuring variety by imposing requirements for diversity.</p> <p>The pattern of variety should be demonstrated across a course, but not necessarily within specific placement blocks. This variety needs to be scaffolded according to students' learning needs. For example, students benefit from repetition in early placement blocks in order to build their understanding of patient/client presentations.</p> <p>We would recommend that the focus of the guideline be on demonstration that adequate learning has occurred that is reflective of the competencies required for safe practice. We would also ask AHPRA to consider whether Guideline 6 can adequately address the opportunities for learning without the addition of guideline 1.</p> <p>Suggested change:</p> <p>experience a scaffolded and diverse placement program across their course that holistically integrates optimal factors for learning, including:</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>2. are provided with extended clinical placements in the same setting to allow them to experience continuous patient care and observe the outcomes of treatment, where possible and if benefits to student learning outcomes are likely⁹</p>	<p>Our observation is that the guidelines tend to come from a view of students as full-time and mobile without other obligations. Our experience of the contemporary health professional student is they are increasingly likely to be older, female and have children or work commitments. Even students who are studying full-time are likely to have limited financial resources. Accommodating these changes is essential to optimize the number of students studying to join the health</p>

		<p>professional workforce. Impacts on student wellbeing need to be considered when required to undertake extended placements, e.g. financial, family/carer and employment responsibilities. As per our comments on the first point we would agree that students do need to spend time immersed in the clinical environment. We need to be careful, however, that our wording of the guidelines can limit the interpretation to only full-time block placements such as implied by “continuous patient care”. This can be achieved by part-time models.</p> <p>Extended is a vague term that is open for interpretation. Clarification on timeframe of extended is required, though we also understand that the optimal duration of experiences has been difficult to identify from the evidence base.</p> <p>Suggested change:</p> <p>Models of placement are used that promote learning where students are able to experience the scope of client care and to gain feedback and learning over a period of time and that where possible, models are used that integrate benefits to student learning outcomes because student wellbeing is not adversely impacted.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>3. Are provided enough time to participate ...</p>	<p>Noting that there is not a clear evidence base for how much placement time is enough to develop professional capabilities.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>4. Are prepared for their clinical placements ...</p>	<p>Clarification required on whether this is placement site specific, or generic pre-placement briefings/education or both.</p> <p>Acknowledgement that student preparation begins before allocation and/or arrival on a site is needed. For example, health student preparation begins with meeting NSW Health mandatory placement requirements to undertake placements in health services before students can be allocated.</p>

		Students should also be informed of placement costs (travel, accommodation, uniforms, compliance requirements) on enrolment.
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>5. are well supported by, and well connected to ...</p>	<p>University staff also play a key role in supporting students while undertaking placements. See TEQSA WIL Guidance note and HESF (Standard 5.4.1)</p> <p>Suggested change</p> <p>... peers, clinical placement supervisors, colleagues, and university staff during their placement.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>6. are provided with opportunities to participate in clinical placement learning activities that:</p> <p>address their personal needs (e.g. family/religious requirements, childcare requirements, are culturally safe, etc.)</p>	<p>As we have commented in previous points our experience is that student learning is optimal when the personal lives of students can be supported while they are undertaking clinical placements. This means that the factors described here should be considered as important as other factors such as diversity.</p> <p>Having acknowledged the importance of addressing students' personal needs we have limitations in our ability to do this e.g. our processes and placement availability to meet individual student needs</p> <p>Suggested change</p> <p>Address their personal needs as much as possible.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>6. are provided with opportunities to participate in clinical placement learning activities that:</p> <p>Support students to develop resilience</p>	<p>We agree it is important to support students to develop resilience. Resilience is integral to professional practice and an attribute that students often struggle with. As an ability to deal with uncertainty and adversity - resilience contributes to student ability to thrive on placement. The inherent uncertainty of placement, clients, and contexts challenge student resilience, therefore placement opens multiple</p>

		<p>opportunities to support students' development of resilience.</p> <p>This statement also refers to supporting students to develop resilience, it would be important to clarify student responsibility with regards to this.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>To support student learning, clinical supervisors should: p.7</p> <p>Statements 4, 5, 6 and 7.</p>	<p>These statements are all underpinned by development of supportive relationships with students. We agree with the importance of relationships to good supervision practice. However, clinicians' ability to develop these relationships will be impacted by clinicians' workloads and tension created by needing to meet client/patient/consumers' needs as well as students' educational needs.</p> <p>Supervisors require organisational support to be able to meet these requirements and create a positive clinical learning environment that is conducive to client/patient, supervisor and student wellbeing.</p> <p>Apart from appropriate workload adjustments to accommodate student supervision, a dedicated clinical education position in each organisation could provide supervisor support and guide good supervision practice.</p>
<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input checked="" type="checkbox"/></p> <p>Virtual care <input checked="" type="checkbox"/></p>		<p>Whilst the statements for clinical placements recognise the importance for placement supervisors to also be capable, this is missing from the simulation and virtual care statements. There is a strong need for academics to have relevant capabilities to enable them to create strong learning experiences</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>		

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

Clinical placements

Acknowledgement of the importance of collaborative development of mutually beneficial placements involving all stakeholders, university staff, partner organisations and students to facilitate high quality placement experiences for students and supervisors.

Acknowledgement of the importance of student involvement in placement design and taking responsibility of their own learning while on placement is needed.

Student learning from clinical placements is likely to be maximized when students:

1. are involved in placement design, take responsibility for their learning on placement and are actively engaged with workplace activities while on placement.

Simulation and Virtual Care

There needs to be a statement in both the simulation and the virtual care that relates to academic staff having simulation and digital health capabilities

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

The guidance information aligns with good practice, however provision of practical examples of processes and strategies to assist implementation in workplaces with multiple competing priorities and where the primary focus is client care would be helpful.

Clarity around responsibility for implementation of the good practice statements is required. Without this detail there is a risk that the resources required for some of these practices will not be provided.

The guidance fails to recognise the Australian Digital Health Agency National Digital Health Capability Action Plan (2022), which strongly correlates to the virtual care guidance. Further, the CAP recommends professional accreditation bodies and educators train across all areas of digital health, not just virtual care. Limitation to only VC is limiting, particularly given many graduates will never use VC, yet will use systems such as electronic health records, e-prescribing and e-referrals, and other relevant health information technologies and intelligence systems. A review of coroner cases over the last 10 years highlights the serious safety implications in not having a digital health competent and capable workforce.

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

It is important to acknowledge that student placements, simulation-based learning and virtual care learning experiences are not equivalent and do not provide the same learning opportunities. It would be useful to point to the role of each and the diversity of learning needs across disciplines, noting that a shared goal of these experiences is authenticity and student placements cannot be fully replaced by simulation and virtual care.

The language across this document is heavily focused on hospital healthcare settings and doesn't embrace the broad range of settings undergraduate health student placements can be undertaken e.g. in schools and other community settings. For example, we suggest review the use of the term patient and replace with patient/client/consumer/community member.

The guidance doesn't acknowledge the importance of collaborative development of placement opportunities involving all stakeholders for mutually beneficial outcomes. There is also no reference to student responsibility for maximising their learning from clinical placements. These are significant oversights.

Finally, in relation to dissemination of information about this consultation, we note that universities were not formally invited to participate in the consultation. We became aware of the consultation serendipitously through other professional networks. This seems to be a significant oversight given that universities are key stakeholders of these guidelines.

p.3 "The committee envisages that accreditation authorities will use this guidance in undertaking their accreditation functions, for example, when developing and reviewing accreditation standards, when assessing education programs against those standards or providing guidance to education providers on good practice in this space."