

Public consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education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Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages.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 These submissions will not be published on the website or elsewhere.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

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
<p><i>Example:</i></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><i>[Insert good practice statement number and/or statement here]</i></p>	<p><i>[Insert your comments and/or suggestions here]</i></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>Student learning from clinical placements is likely to be maximised when students experience variety in their placements, including in diverse geographic locations (rural, regional and metropolitan), where possible</p>	<p>Paramedicine students are at risk of experiencing 'placement poverty' as they engage in a variety of placements in diverse settings. Paramedicine students largely are excluded or ineligible from accommodation, travel scholarships or bursaries. Various criteria for these scholarships such as those through the Rural Workforce Agency are based on workforce occupations that are seen as 'areas of need' which comes from self-reported survey data. This largely excludes the opportunity for data to be collected on behalf of jurisdictional ambulance services and other primary care settings such as community health services.</p> <p>Along with travel bursaries, paramedic students are ineligible for accommodation which medicine and nursing students have access to, based on their program area.</p> <p>Paramedicine was not included in the recent Federal Government payment for prac scheme. All these factors impact the ability of paramedicine students to undertake block placements away from home in regional/remote environments. Students take time away from paid employment to undertake WIL activity and may need to fund significant airfares and accommodation costs, often during peak season. While many programs have an expectation that paramedicine students undertake placements in the regional setting, support structures for paramedicine</p>

		students to attend WIL in these environments are lacking.
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Student learning from clinical placements is likely to be maximised when students experience variety in their placements, diverse practice settings (such as primary care, private and public hospitals, residential aged care, prisons etc.)</p>	<p>Many paramedicine entry-to-practice tertiary programs have historically relied on jurisdictional ambulance service placements. While some programs have expanded their WIL offerings to include charity (homeless) providers, maternity, aged care, EDs and non-clinical environments as schools etc, access to private and public hospitals for placements may attract placement costs, which are possibly forwarded on to students. Furthermore, paramedic programs need to compete with other established professions for clinical placement in these facilities which limits opportunities to ED, ICU and maternity services. For example, one paramedicine university programs is geographically next to a university teaching hospital, but cannot access placements in that institution due to prioritisation for other programs such as nursing and medicine.</p> <p>Undergraduate paramedic placements in custodial settings such as prisons are a contentious issue amongst the ACPD membership. For example, several members are opposed to the view of custodial settings being included as a potential placement experience as the risk to students may be far greater than the potential benefits until the profession evolves and matures, and a role for paramedics working in prison becomes mainstream like in other countries such as Canada.</p> <p>Exploration of the expansion and support of vulnerable clients in the placement space is warranted given that some existing programs have a working relationship with charities that provide outreach services to those who are homeless.</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>Student learning from clinical placements is likely to be maximised when students 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 likely</p>	<p>ACPD agree with his guidance statement. However, several jurisdictional ambulance services providing clinical placements do not support nor can facilitate extended blocks, for example, university programs may be offered two days in total in the ambulance service setting, whereas another offers six placement shifts per placement unit. In one state, an ambulance service offers up to eight-week blocks. As such university programs are susceptible to ambulance service decisions around what is offered placement-wise to undergraduate students. In extended blocks, students have reported working with multiple health professionals, and not gaining a consistent experience. Furthermore, some placement providers are continuing to struggle with not utilising students as part of their resourcing. ACPD is aware of claims including, but not limited to, students driving operational vehicles and treating patients unsupervised. Peer-review research is currently being conducted in this space. In limited situations, students, who are also employees of the placement provider, are being utilised in activities not in line with the required learning objectives for placements.</p> <p>Additionally, the good practice guidelines are aligned to program accreditation standards and are associated with learning outcomes and not hours. ACPD is acutely aware of the challenges in adopting a standard in relation to hours but as the profession evolves, discussions are important in this space. Whilst an education provider adopting a greater number of hours may create some challenges – both for the provider and student - whilst strengthening their own marketability of their program, the debate continues around proposals as to whether a minimum number of hours should be established, just like other disciplines regulated by the National Scheme. As yet there is no evidence basis that equates to more placement hours to ‘road readiness’ in preparing students for</p>
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		graduate outcomes (Reid et al, 2019).
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Student learning from clinical placements is likely to be maximised when students are well-supported by, and well-connected to their peers, clinical placement supervisors and colleagues during their placement</p>	<p>There are significant risks to students being exposed to hostile, psychologically unsafe work environments during clinical placement. This is evident both nationally and internationally with independent report findings of significant workplace harms (such as Victorian Equal Opportunity and Human Rights Commission Independent Review of Ambulance Victoria). While the findings were accepted in full by the Board of Ambulance Victoria, the implementation of the recommendations is delayed. The impact of exposing students to a workplace with known psychological harms means accepting a known risk which requires higher education providers to mitigate.</p> <p>In addition, see the above point about inconsistent experiences on placement, and claims of inappropriate resourcing of students on 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>Student learning from clinical placements is likely to be maximised when students learning outcomes and clinical placement performance measured and assessed using clear, fair and equitable assessment criteria, rigorous and consistent assessment methods, and validated assessment instruments, where these are available for the relevant health profession¹</p>	<p>ACPD agrees with this guidance statement and acknowledges that validated instruments do not currently exist in most undergraduate paramedicine programs, and often are based on placement tools used by other professions, such as nursing (ANSAT), midwifery (AMSAT), physiotherapy (APP) and speech pathology (COMPASS). What is being used may not be appropriate nor assures that students demonstrate the professional capabilities for registered paramedics (PCFRP). The impact therefore, is that students are not evidencing the standards required by program accreditation and the regulator which risks public safety.</p> <p>In the absence of a rigorous, consistent, validated method, the development of an assessment tool</p>

		<p>needs accommodate for all paramedic placement settings, such as alternate placements outside of ambulance services as well as the introduction of IPE settings.</p> <p>To address this deficit, ACPD is Executive Sponsor in the development of the Australian Paramedicine Professional Capabilities Assessment Tool (APPCAT).</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>Student learning from clinical placements is likely to be maximised when students attend placements with organisations and in facilities that have the appropriate accreditation, licensing and/or registration for the services they provide, where required by relevant government authorities</p>	<p>Jurisdictional ambulance services where undergraduate paramedicine students often attend placement do not necessarily undergo accreditation. Currently no specified standards for ambulance services exist. However it is noted the Australian Commission for Safety and Quality in Health Care have draft ambulance health services standards</p> <p>Furthermore, several member universities have been pursuing a deed of agreement with one particular jurisdictional ambulance service for the best part of a decade to no avail.</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>Student learning from clinical placements is likely to be maximised when students attend placements where the training facilities, clinical assessor training programs and clinical assessors are quality assured, where relevant.</p>	<p>ACPD agree with this guideline statement. However, the current Professional Capabilities for Registered Paramedics suggests (Domain 4.7) that all registered paramedics are expected to participate in the mentoring, teaching and development of others.</p> <p>Few ambulance services offer robust preceptorship training, nor do many have an evidence-based transition to practice or internship programs. Therefore, the quality assurance process may need further work.</p> <p>See earlier comment about psychological safety for students due to workplace inequality.</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 placement supervisors should be trained in clinical teaching, mentoring, assessment and professional behaviours, attitudes and attributes of successful clinical supervisors (where applicable).</p>	<p>ACPD agrees with this guideline statement. Universities attempt to provide clinical preceptors with resources about how to complete placement tools, and mechanisms in place to support students on placement, this guidance statement is currently difficult to achieve in</p>

	This includes having the training made available to them, and being able to undertake the training without unreasonable impost on their workload and current responsibilities	Paramedicine. While some ambulance services have designated clinical instructors or training stations, most placement clinical instructors or preceptors have little to no training in clinical teaching, mentoring, assessment and professional behaviours, attitudes and attributes of successful clinical supervisors.
Clinical placements <input checked="" type="checkbox"/> Simulation-based learning <input type="checkbox"/> Virtual care <input type="checkbox"/>	To support student learning, clinical placement supervisors should support the same student throughout an entire clinical placement experience where possible, and provide students with opportunities to work with other clinical placement supervisors	ACPD agree with this guidance statement. However, we acknowledge that it may be difficult to achieving this guidance given that many ambulance services operational service delivery model utilises rotational rostering. Therefore, students will experience ad-hoc placement shifts (i.e. no block model) where students have a different paramedic crew for each shift, where consistent crews are not available due to flexible work agreements (FWAs) or where there are gaps in the roster.
Clinical placements <input checked="" type="checkbox"/> Simulation-based learning <input type="checkbox"/> Virtual care <input type="checkbox"/>	Clinical placements demonstrate cultural safety and elimination of racism when supervision provided to students is culturally safe and inclusive	ACPD agrees with this guideline statement, and universities provide information and support services to clinical preceptors about culturally safe practice. However, there are inconsistencies in the level or amount of cultural safety training provided by the preceptors' employers putting the onus on the tertiary provider and making this a gap in a paramedicine context. See earlier comment about psychological harms due to workplace inequality.
Clinical placements <input type="checkbox"/> Simulation-based learning <input checked="" type="checkbox"/> Virtual care <input checked="" type="checkbox"/>	Simulation-based learning experiences demonstrate good practice	ACPD appreciates and values these guidance statements under simulated-based learning. Undergraduate paramedic programs are practical in their focus and provide high-fidelity simulation through the use of an array of settings and equipment, often at considerable cost (sessional academic and equipment) due to large student numbers and the need for repeat tutorials and practical classes.

<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input checked="" type="checkbox"/></p>	<p>Virtual care learning experiences demonstrate good practice</p>	<p>Telehealth and other virtual care platforms are being increasingly used in Paramedicine, such as virtual hubs, virtual EDs and referral services. The ability for undergraduate students to gain experience in these areas is currently limited.</p>
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2. Are there any other evidence-based good practice statements that should be included in the guidance?

Paramedicine is in a unique position in that placement providers are often monopolistic employers. The closer the education providers see themselves as employers in the provision of clinical placements, the potential for misinterpretation of their role and ‘powers’ of the placement providers may be exacerbated. Placements are often provided to students by international ambulance services which are actively seeking to employ Australasian paramedicine graduates. Therefore placements may be provided with a hidden agenda attached.

These circumstances could be further addressed in the good practice statements about being aware of the hidden agendas of clinical placement providers.

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

- There is an unrealised risk for psychological harms to students due to known workplace inequalities and hazardous environments. This means that students are at risk of significant harm due to incivility, bullying, harassment and physical injury.
- There are significant benefits to students being exposed to the working environment, as the placement allows them to focus on the unique environment that paramedicine operates in
- However, the student is largely unable to be directly viewed or monitored by an academic due to nature of vehicle design.
- As role evolves, so will the environments that placements will operate in and embedding robust governance structures now will only support further expansion of roles and support for stakeholders and consumers
- Current, federal health reforms (Scope of Practice Review) can afford paramedicine expanding roles beyond jurisdictional ambulance services which it is hoped to create further opportunity for diversification in placement opportunities.

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

Thank you for the opportunity to comment on these guidance statements statements.