# Public consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education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Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages.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 These submissions will not be published on the website or elsewhere.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:**<br><br>☒ Organisation<br><br>Name of organisation: **Universities Australia**<br><br>Contact email: ███████████████<br><br>☐ Myself<br><br>Name: Click or tap here to enter text.<br><br>Contact email: Click or tap here to enter text. |
| **Question B** |
| If you are completing this submission as an individual, are you:<br><br>☐ A registered health practitioner?<br><br>Profession: Click or tap here to enter text.<br><br>☐ A member of the public?<br><br>☐ Other: Click or tap here to enter text. |
| **Question C** |
| Would you like your submission to be published?<br><br>☒ Yes, publish my submission **with** my name/organisation name<br><br>☐ Yes, publish my submission **without** my name/ organisation name<br><br>☐ No – **do not** publish my submission |

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## 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 |
| :--- | :--- | :--- |
| *Example:*<br><br>*Clinical placements* ☐<br><br>*Simulation-based learning* ☐<br><br>*Virtual care* ☒ | Virtual care learning experiences demonstrate good practice when… | Universities Australia suggests that wording around communication skills development is added to the virtual care learning experience section. This will maximise opportunities to teach students practitioner-patient communication skills specific to using virtual care technology. |
| Clinical placements ☐<br><br>Simulation-based learning ☐<br><br>Virtual care ☐ | | |

| 2. Are there any other evidence-based good practice statements that should be included in the guidance? |
| :--- |
| We are not aware of any additional resources at this time. However, we suggest the guidance is regularly updated to reflect relevant new work and developments on this topic. |

| 3. What information could the committee provide that would help National Scheme entities implement the guidance? |
| :--- |
| Providing this guidance is helpful. However, rather than further information, effective implementation of the guidance is likely to need policy/operational change. For example:<br><br>• Work environments that enable staff to fulfil supervisory roles; preceptors face many challenges upskilling (e.g. time, remuneration and resources)<br>• Potential incentives for individual supervisors, particularly those in regional settings<br>• Job descriptions that include supervisory responsibilities<br>• Working with universities/tertiary education providers on models that allow more education provider involvement in supervision. For example, allowing a clinical supervisor employed by the university to supervise a student placement when a suitable supervisor is not available within the health service. |

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

Universities Australia (UA) broadly supports the proposed guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education. The guidance lays the foundation for good practice supervision in these areas.

As stated in question 3, effective implementation of this guidance will need supportive policy and operational change, much of which is outside of the remit of accreditation bodies. However, workforce quality and volume is highly linked to these important educational experiences. We strongly urge relevant agencies to work together to find effective mechanisms for the implementation of this guidance.

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