

## Public consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education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

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Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages.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](mailto: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 These submissions will not be published on the website or elsewhere.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:

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

Myself

Name: Michael Maw

Contact email: [REDACTED]

### Question B

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

A registered health practitioner?

Profession: Nurse Practitioner

A member of the public?

Other: University Lecturer and Skills and Simulation expert

### 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?		
<p>Please add your comments to the following table and add a new row for each good practice statement you have a comment for.</p>		
Guidance	Good practice statement	Comments or suggestions
<p>Example:</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>1. Clinical placement guidance context section paragraph 2</p>	<p>The 2<sup>nd</sup> paragraph "Clinical placements should help ....contains the sentence ...more continuous placements may enhance student learning from clinical placements." This poignant statement would benefit from link to a reference and probably aligns best with Ref 9 2022 Bonnie, Cremers et al which is good quality and supports the statement</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>In the section for Clinical placements for clinical supervisors a good practice statement would be to include that: Supervisors maintain behaviours and practices whilst supervising that are aligned to their employment obligations, professional expectations and their professional registration standards.</p> <p>A statement like this above would bring the detailed guidance within such documents as the "Good medical practice: A code of conduct for Doctors in Australia" endorsed by all major medical groups, or the ICN "Code of conduct for nurses" into consideration for the way in which supervisors conduct themselves and I hope this would further support good practice in supervising clinical placements.</p>

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

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

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

I think this guidance is an excellent concept to help provide some guidance on good practice from a Registration Board Level

Some comments and observations below for consideration of the committee:

1. Final paragraph on the first page has: "Simulation based learning also called simulation-based education and training, enables students to practice in a safe environment"

Would "controlled environment" be better wording than "safe" as there is a small but important aspect of simulation based learning that can cause harm to students especially psychological harm through cognitive loading or performance humiliation if simulation is not performed carefully, particularly immersive simulation.

(Ref: <https://asmepublications.onlinelibrary.wiley.com/doi/epdf/10.1111/medu.13747>)

2. Comment only: I have noticed the guidance has not referenced paid student learning placements and potential obligations, given that this is a relatively new and emerging phenomena I wonder if the committee has considered ramifications such as evolving scope of employment for paid student placements against the guidance in this document?
3. Comment only: To the methodology, I note the excellent and appropriate references that have been used to formulate this guidance document and the appropriate acknowledgment that they come largely from medicine and nursing. I did not see any reference to vocationally trained student health practitioners such as Enrolled nurses who train in the Vocational Education and Training (VET) sector through TAFE etc and the implications for their clinical placements potentially in facilities that do not have resources to provide a high level of support as recommended in this guidance document
4. Point 13 in Guidance (Page 6) Comment only: Could some examples of BPCLE frameworks be included so that readers can get a feel for what type of frameworks the guidance is suggesting are aligned as there are many different types available
5. Bottom of page 6 "To support student learning, clinical placements supervisors should:" section Point 1 talks about clinical supervisors should "be trained in clinical teaching, mentoring assessment..." etc . These are excellent concepts, to account for experienced supervisors would "or supervisors who have declared capacity in these aspects give some room to grandfather in those experienced supervisors who may not have been formally trained but have nevertheless gained capacity in these domains?"

6. Point 13 (page 7) would adding to point 13 a line that Clinical supervisors should declare themselves ineligible as supervisors if they have conditions placed on their registration strengthen point 13 and help to keep students safer?
  
7. Page 7 Cultural safety. Can “all peoples” or “people from culturally diverse backgrounds” be added to the cultural safety paragraph at the end of the section about Aboriginal and Torres strait Islander Peoples as I am concerned that we overlook the tremendously vulnerable refugee community in Australia who often have significantly relevant cultural safety requirements to be considered in care service delivery by clinicians and students.
  
8. Comment only: typo in the hyperlink at bottom of page 7 heat instead of heart

Thank you for the opportunity to comment on this excellent guidance document.