

Public consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education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Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages.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 These submissions will not be published on the website or elsewhere.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

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"/>	Student learning from clinical placements is likely to be maximised when students: #1-13.	Due to practical reasons not every placement will be able to incorporate all 13 points (e.g., experiencing continuous care of a patient to observe outcomes of treatment, collaborating with students from other professions, etc). Can this be acknowledged?
Clinical placements <input checked="" type="checkbox"/> Simulation-based learning <input type="checkbox"/> Virtual care <input type="checkbox"/>	1. be trained in clinical teaching, mentoring, assessment and professional behaviours, attitudes and attributes of successful clinical supervisors (where applicable). 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.	Ideally, supervisor training should be made available, however, this comes at a cost and not every HEP will be in a position to provide and/or pay for the training, so funds need to come from somewhere else. The same concern applies to their ability “to undertake training without reasonable impost...”
Clinical placements <input type="checkbox"/> Simulation-based learning <input checked="" type="checkbox"/> Virtual care <input type="checkbox"/>	5. the simulation-based learning integrates briefing and debriefing into the simulation activity.	Ideally, the debriefing should be provided by all stakeholders including program authority, supervisors, assessors, simulated/standardised clients and trainees. The feedback process allows for ongoing adjustments and improvements to be made so that the simulation-based learning remains fit for purpose.
Clinical placements <input type="checkbox"/> Simulation-based learning <input checked="" type="checkbox"/> Virtual care <input type="checkbox"/>	6. they promote active learning experiences. That is:	Collaborating with health practitioners and students from other professions is not always practical in a clinical placement. This is even more so the case when using simulation as it requires a degree of planning and resource allocation to ensure consistency of technology and platforms, which is not always found.

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?

Clear examples from various disciplines are always welcomed.

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

We appreciate the opportunity to provide feedback on this important work. Our comments have been partially informed by "*Guidelines for the incorporation of simulated learning activities in postgraduate psychology training*" from the Australian Psychology Education Simulation Working Group (APPESWG).