

## Public consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education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Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages.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 These submissions will not be published on the website or elsewhere.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

Contact email: [REDACTED]

### 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>Example:  Clinical placements <input checked="" type="checkbox"/>  Simulation-based learning <input type="checkbox"/>  Virtual care <input type="checkbox"/></p>	<p>3. are well supported</p> <p>9. learning outcomes and clinical placement performance measured and assessed using clear, fair and equitable assessment criteria, rigorous and consistent assessment methods[1] , and validated assessment instruments, where these are available for the relevant health profession</p> <p>11. attend placements with organisations that can facilitate support for their personal needs (e.g. family/religious requirements, childcare requirements, are culturally safe, etc.) as much as possible</p> <p>12. attend placements where the training facilities, clinical assessor training programs and clinical assessors are quality assured, where relevant</p> <p><b>Cultural safety in clinical placements</b>  1. students receive cultural safety training and support before and during their clinical placement</p>	<p>Financial cost of clinical placement is worth noting, particularly extended clinical placement, as cost may be significant.</p> <p>How do we achieve “rigorous and consistent assessment” across all sites and all clinical supervisors? Supervisor interpretation can be very different site to site. I don’t think that’s something that can necessarily be consistent, however clear, fair and equitable assessment criteria can.</p> <p>The provision of childcare requirements or support of student childcare considerations on placement is unrealistic.</p> <p>What is the definition of “quality assured”? is this the role of the university or clinical site? For the assessor is Ahpra registration quality assurance?</p> <p>I don’t think it is the placement site’s role to provide cultural safety training during a student’s placement. It is definitely the education provider’s role prior to placement though. The placement site can provide support for [the student in terms of cultural safety.</p>
<p>Clinical placements <input type="checkbox"/>  Simulation-based learning <input checked="" type="checkbox"/>  Virtual care <input type="checkbox"/></p>	<p>3. They are demonstrated to result in greater student satisfaction in their learning<sup>21</sup></p>	<p>It is unclear how this is implemented in practice? Student satisfaction is measured post simulation and is not an evidence-based approach able to be implemented at the point of delivery?</p>
<p>Clinical placements <input type="checkbox"/>  Simulation-based learning <input checked="" type="checkbox"/>  Virtual care <input checked="" type="checkbox"/></p>	<p>Context- Virtual care<sup>1</sup> has been a regular part of rural and remote healthcare in Australia for decades.</p>	<p>The opportunities to deliver care remotely are limited in medical radiation practice. Some additional comment in the <i>statement of advice</i> may be beneficial to address how virtual care learning experiences may be a limited in some courses of study.</p>

<sup>1</sup> Although the term ‘telehealth’ is sometimes used interchangeably with the term ‘virtual care’, it refers to one type of virtual care only, involving a telephone or video-enabled patient consultations. It does not encompass the broader nature of virtual care. For the

		If this will be a requirement for training, please provide context for Medical Radiation professions with examples of virtual care.
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**2. Are there any other evidence-based good practice statements that should be included in the guidance?**

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

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

Thanks for the opportunity to provide feedback on the draft guidance document.

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purpose of this guidance, and unless otherwise specified, the term 'virtual care' is used as it is the most current and all-encompassing term.