

## Public consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education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Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages.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 These submissions will not be published on the website or elsewhere.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

Contact email: [suzanne.halpin@odob.health.nz](mailto:suzanne.halpin@odob.health.nz)

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 checked="" type="checkbox"/>	1.	<p>We agree with the statement and the need of placements to increase the diversity of environments and patient exposures as being vital to the early learning experience.</p> <p>With approximately 10% of our optometrists obtaining their qualification in Australia (<a href="#">2023 ODOB Workforce Report</a>), and recent regulatory changes making addressing inequities a requirement (<a href="#">Pae Ora Act</a>), consideration for Trans-Tasman placements would be of importance for a relatively large proportion of the Australian workforce.</p>
Clinical placements <input type="checkbox"/> Simulation-based learning <input checked="" type="checkbox"/> Virtual care <input type="checkbox"/>	6.	<p>While promoting active learning is important, another advantage of simulation-based learning is to enable students who prefer to learn independently vs collaboratively the freedom to do so (e.g. <a href="https://doi.org/10.1016/j.nedt.2019.02.013">https://doi.org/10.1016/j.nedt.2019.02.013</a>). An additional bullet point acknowledging this may be useful.</p>

2. Are there any other evidence-based good practice statements that should be included in the guidance?
<p>We agree with Simulation-based learning statements 1-5. However, we would suggest an additional statement that notes that simulation-based learning should not be the <i>only</i> method for learning (or being assessed in) a particular skill.</p> <p>Regarding Virtual Care, an issue with virtual delivery is the potential for worsening inequities due to sub-standard delivery of care, which then reduces the perceived demand for higher-quality care as it could be seen as being fully delivered and deprioritised later. Additionally, areas or groups that are targeted with virtual care are generally underserved, and may not respond well to this format of healthcare delivery. Careful consideration of the risks and benefits of delivering virtual care, of which students will be involved with in their career, could be considered in the guidance.</p>

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

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<b>4. Do you have any general comments or feedback about the guidance?</b>
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<p>The guidelines are well referenced and a useful resource as we move towards a more equitable, simulated, and virtual healthcare environment.</p>
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