Public consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education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Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages.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 These submissions will not be published on the website or elsewhere.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

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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
Clinical placements ☒	Student learning from clinical placements is likely to be maximised when students: 1. Experience variety in their placements.	Ensure that the diversity in practice settings and patient populations is systematically integrated into the curriculum, with clear objectives for what students should gain from each type of exposure. This could include partnerships with various healthcare facilities to guarantee varied placements. Review and evaluation need to be completed to ensure a diversity of placements, linked to major areas of employment with the industry, not just what may be easier or where placements have historically occurred. That diversity, particularly in industry, needs to be supported including support for supervisors.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Student learning from clinical placements is likely to be maximised when students: 2. Are provided with extended clinical placements in the same setting to allow them to experience continuous patient care and observe the outcomes of treatment, where possible and if benefits to student learning outcomes are likely.	Emphasise the importance of continuity of care in learning and consider balancing extended placements with the need for diverse experiences. Long placements should be evaluated regularly to ensure they are meeting educational outcomes and not just fulfilling time requirements. Long placements place further obligations on learning institutions to ensure both the placement systems, supervisors and culture are appropriate for ongoing placements. Honest student feedback and evaluation systems are needed to ensure students (*who are fearful to provide feedback due to potential negative supervisor reports if concerns are raised*) received suitable placements support and training; and, if needed, protection from bullying, harassment or inappropriate cultures or behaviours.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Student learning from clinical placements is likely to be maximised when students: 3. are provided enough time to participate in clinical placements throughout their program of study to achieve the capabilities they need for safe practice	Define "enough time" more precisely, specifying a minimum number of hours or weeks based on research or best practices to ensure students achieve necessary competencies or map core competencies that must be achieved during a placement. This could be adapted according to different healthcare professions.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Student learning from clinical placements is likely to be maximised when students: 4. are prepared for their clinical placements, e.g. they receive orientation and induction to the workplace, receive pre-clinical placement information sessions that provide key information on university	Develop a standardised pre-placement orientation program with logistical information and introductions to key clinical skills and professional behaviours. Consider incorporating virtual reality or simulation-based modules to prepare students.

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	contacts, clinical environment expectations, resources, etc.	
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Student learning from clinical placements is likely to be maximised when students: 5. are well-supported by, and well-connected to their peers, clinical placement supervisors and colleagues during their placement	Create formalised support networks, including peer support groups and regular check-ins with supervisors.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Student learning from clinical placements is likely to be maximised when students: 7. are provided with opportunities to consider the feedback they receive from clinical placement supervisors, reflect on their practice and improve their skills	Incorporate structured reflection sessions into the curriculum, supported by trained facilitators who can help students critically analyse their experiences and feedback in preparation for workplace reflection CPD activities. Utilise electronic portfolios for continuous reflection and feedback tracking. As stated above, honest student feedback and evaluation systems are needed to ensure students (*who are fearful to provide feedback due to potential negative supervisor reports if concerns are raised*) received suitable placements support and training; and, if needed, protection from bullying, harassment or inappropriate cultures or behaviours. Systems need to be in place to ensure placements may not re-occur in environments with previous complaints until adequate re-training or mediations are in place.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Student learning from clinical placements is likely to be maximised when students: 9. learning outcomes and clinical placement performance measured and assessed using clear, fair and equitable assessment criteria, rigorous and consistent assessment methods, and validated assessment instruments, where these are available for the relevant health profession	Develop and implement standardised assessment tools across all placements to ensure consistency. Provide training for assessors to ensure fair and unbiased evaluations. Include student input in the assessment process to enhance fairness and transparency. The onus should be on learning institutions to ensure all supervisors within clinical placement programs have adequate training, support and understanding of their and the students' requirements. Often this system failure or lack of training/support for placement providers can create a significant diversity in the value or quality of a placement for individual students.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Student learning from clinical placements is likely to be maximised when students: 10. attend placements with organisations and in facilities that have the appropriate accreditation, licensing and/or registration for the services they provide, where required by relevant government authorities	Regularly review and update the list of accredited placement sites. Establish a process for students to report issues related to their placement site quality or accreditation status. Systems need to be in place to ensure learning institutions complete independent assessment and verification of placement suitability.
Clinical placements ☒ Simulation-based learning ☐	Student learning from clinical placements is likely to be maximised when students: 12. attend placements where the training facilities, clinical assessor training programs and clinical	Provide ongoing professional development for clinical assessors to maintain high standards of supervision and assessment. This will vary depending on the industry and placement opportunities. For example, placements in smaller, primary care, private practice will not have such hierarchical systems, nor may they have specific clinical

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Virtual care ☐	assessors are quality assured, where relevant	assessor or supervisor roles. Provide training for assessors to ensure fair and unbiased evaluations. Include student input in the assessment process to enhance fairness and transparency. The onus should be on learning institutions to ensure all supervisors within clinical placement programs have adequate training, support and understanding of their and the students' requirements. Often this system failure or lack of training/support for placement providers can create a significant diversity in the value or quality of a placement for individual students.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Student learning from clinical placements is likely to be maximised when students: 13. participate in clinical placements that align to relevant national, state and territory guidelines and reflect best practice clinical learning environment (BPCLE) frameworks	Ensure all placement programs are regularly reviewed to align with the latest national, state, and territory guidelines and best practice frameworks. Establish a system for continuous improvement based on feedback from students, educators, patients receiving student care and placement sites.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	To support student learning, clinical placement supervisors should: 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.	Ensure that training programs for clinical supervisors are comprehensive, accessible, and regularly updated. Consider offering online modules and workshops to accommodate varying schedules and time out of practice. Supervisors should also be incentivised to complete training through recognition or continuing professional development credits. Systems should be required to ensure a suitably trained clinical supervisor is available at any clinical placement site.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	To support student learning, clinical placement supervisors should: 2. have the capacity to be, and be trained in/familiar with the clinical placement provider and education provider policies, procedures and systems 4 demonstrate a willingness and ability to support students by: • Showing respect, patience, kindness and understanding towards students 11. provide constructive, regular and timely feedback to students	Develop a clear and concise orientation package for supervisors that covers all relevant policies and procedures. Regular updates and refreshers should be provided to ensure supervisors remain updated with any changes. Replace 'understanding towards students'. Understanding them does not mean they care. Incorporate words such as being empathetic and compassionate. Communicate clearly, effectively and professionally so that instructions can be interpreted and understood, and feedback given to students is constructive, regular, appropriate and timely. Training on providing clinical supervisor feedback or how to map gaps in competency are needed to further support supervisors.

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Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	To support student learning, clinical placement supervisors should: 3. be provided with allocated time, resources, and teaching support to ensure they can be successful clinical placement supervisors to students and support student learning needs and outcomes	Advocate for institutional policies that allocate specific time and resources for clinical teaching responsibilities. This could include reduced clinical loads or dedicated teaching time. Ensure supervisors have access to teaching materials and administrative support.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	To support student learning, clinical placement supervisors should: 13. not have any conditions on their registration, either currently or in the preceding twelve months.	Implement regular checks prior to ever placement is needed to verify supervisors' registration status and promptly address any issues. We question if someone is suitable for clinical supervision role within 12 months of regulatory conditions being placed on their registration and suggest 24 months is more appropriate. Often a registrant will only have conditions placed on the register for significant matters, which raised the question is 12 months too little time?
Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	Simulation-based learning experiences demonstrate good practice when: 1. They have a degree of realism. That is: • they are realistic[21,24] and prepare students for real world practice • the degree of realism of the simulation (also called 'fidelity'[25]) is enough to enable the student to learn the capability being taught (e.g. if the student is to learn suturing a low-fidelity part-task trainer may be sufficient)[24] • they increase students' exposure to diverse clinical presentations (e.g. chronic disease, urgent or emergency situations, etc.) • they are used to complement traditional teaching methods, such as clinical placements[21]	Incorporate feedback from practicing clinicians to maintain high realism.
Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	Simulation-based learning experiences demonstrate good practice when: 2. they are tailored and scaffolded to the student's level of knowledge, and appropriate to their learning needs and the expected learning outcomes[2]	Use pre-assessments to tailor simulations to individual learning needs and ensure alignment with desired learning outcomes.

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Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	Simulation-based learning experiences demonstrate good practice when: 3. they are demonstrated to result in greater student satisfaction in their learning	Incorporate elements of gamification to enhance engagement and satisfaction.
Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	Simulation-based learning experiences demonstrate good practice when: 4. they include several different technologies, techniques, modalities and scenarios across the students' education program, enabling them to progress through more complex and more emergent patient presentations26	Integrate a variety of simulation modalities, such as virtual reality, standardised patients, and high-fidelity mannequins. Ensure exposure to various clinical scenarios to build comprehensive clinical competence. Provide for contingencies when technologically based learning tools evolve to updated versions, change due to technological advances, and no longer become fit for purpose due to changed practices.
Clinical placements ☐ Simulation-based learning ☐ Virtual care ☒	Virtual care learning experiences demonstrate good practice when: 6. they promote active learning experiences. That is: • they require students to actively participate21,26,28 • they enable students to collaborate with health practitioners and students from other professions27 • they give students multiple opportunities to practice the same task, if possible21,28	Facilitate interprofessional collaboration through joint simulation exercises with students from various healthcare disciplines.
Clinical placements ☐ Simulation-based learning ☐ Virtual care ☒	Virtual care learning experiences demonstrate good practice when: 1.they are provided to students throughout their clinical education program where relevant 2. they expose students to a variety of virtual care technologies and processes across their clinical education program35	The provision of virtual care learning experiences is backed-up by technological support, which is easily accessible, secure and available in real-time. To provide comprehensive exposure, incorporate a wide range of virtual care technologies, such as telehealth platforms, remote monitoring devices, and AI-driven diagnostic tools. Regularly update the technologies used to reflect current industry standards and innovations.
Clinical placements ☐ Simulation-based learning ☐ Virtual care ☒	Virtual care learning experiences demonstrate good practice when: 5. they use participative and interactive virtual care learning activities	Virtual care learning activities need to be engaging, and the expectations of learners need to be managed before and during the use of virtual care so there is not a 'digital disconnect' or perceived disconnect established by a student.

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Clinical placements ☐ Simulation-based learning ☐ Virtual care ☒	Virtual care learning experiences demonstrate good practice when: 9. education providers work collaboratively with health care providers to design virtual care learning activities	The design of virtual care activities needs to incorporate the end user, the patient. Their user experience and user interaction feedback, suggestions, and preferences should be utilised to help determine the types and designs of planned learning activities.

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

·**Cultural Safety in Clinical Placements:** Involve Aboriginal and Torres Strait Islander peoples in developing and delivering cultural safety training. Their perspectives and experiences are invaluable in creating authentic and effective learning experiences.

·**Policy Integration**: Ensure that cultural safety is integrated into all levels of policymaking within clinical placement programs. This includes aligning with national standards and best practices while tailoring approaches to meet the unique needs of different healthcare settings.

·**Continuous Improvement**: Establish a continuous feedback loop for simulation activities, incorporating student and faculty feedback to refine and enhance the learning experience over time.

·**Cultural Safety in Simulations**: Incorporate elements of cultural safety into simulation scenarios to prepare students for providing culturally competent care. Include scenarios that address the healthcare needs of diverse populations, including Aboriginal and Torres Strait Islander peoples.

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

To help National Scheme entities implement the guidance, the committee could provide:

- A step-by-step plan that details implementation with clear steps, timelines, and milestones.

- Best practice examples, including case studies from successful implementations to offer practical insights. It is important for consistency that if best practice is developed in one profession, it is harmonised across other professions, where applicable.

- Interprofessional or multidisciplinary training programs that include workshops, online courses, and webinars for faculty and supervisors on key aspects of the guidance.

- Create a resource toolkit, including templates, checklists, and resources for developing programs and ensuring compliance.

- Guidance aligning with AHPRA and National Boards' standards and state/territory laws.

- Forums for entities to share experiences and seek advice.

- Clear metrics and tools for assessing implementation effectiveness.

- Feedback systems for collecting and responding to stakeholder feedback.

- Communication strategies to raise awareness and keep stakeholders informed.

- Reports and articles to highlight the guidance's benefits and success stories.

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

The guidance is comprehensive, but some sections could benefit from clearer, more specific instructions. Detailed examples or case studies help clarify expectations and practical applications. Flexibility is vital in implementation, allowing institutions to adapt the guidance to their unique contexts, including access to resources, while maintaining core principles.

Encourage active involvement of all stakeholders, including students, faculty, and clinical supervisors, in developing and refining implementation strategies. Their feedback can provide valuable insights and enhance the relevance of the guidance.

With media and industry reports on ongoing harassment, bulling or inappropriate behaviour occurring during clinical placements, it is vital these guidelines stress the need for thorough, contemporaneous and independent assessment by learning institutions for the facilities they place students. Guidance should be provided to both students and learning institution on when mandatory reporting of such behaviours to Ahpra may be required, to ensure student safety or inappropriate protection of individuals behaving inappropriately.

We stress the need for adequate resources, including funding, training, and support, to ensure successful implementation. Institutions may require additional investments to meet the guidance's standards effectively.

Ensure that cultural safety is not just an add-on but a fundamental aspect integrated throughout the educational and clinical placement process. Highlight its importance in creating a supportive learning environment and improving healthcare.

The guidance is well-structured and forward-thinking, providing a solid foundation for enhancing healthcare education and training.

What is 'good practice'? Good practice includes the adjectives given on page 4. However, because people and technology are the key focus points of the Guide, the strategy/approach should also incorporate 'adaptability and flexibility' into its core definition.

As such, relevant ensuing sentences within the Guide should reflect this by changing the sentence tense and syntax.

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