

Public consultation - draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education

April 2024

Background

The independently chaired [Accreditation Committee](#) (the committee) invites you to provide feedback on its draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education. These are important and necessary components of every health practitioner's initial education as they help ensure graduates are equipped with the capabilities required for safe and contemporary health care practice.

Clinical placements provide students with opportunities to turn theoretical learning into practice, and to experience a range of workplace settings. They help students practise their skills and meet required learning outcomes, in a supportive environment, with levels of supervision, appropriate to the stage of their professional education. Clinical placement is defined by the committee as 'the component of a program of study, undertaken with supervision, in a clinical or professional practice environment, which assists students to put theoretical knowledge into practice'.

Clinical placements can maximise student learning in a range of ways, including through placements in diverse geographic locations (such as metropolitan, regional or rural locations); a variety of practice settings (such as public/private hospitals, university clinics, primary and community health care, and overseas volunteer programs), and by using different models such as block placements, collaborative placements, and longitudinal integrated clerkships, among others. Exposing clinical placement students to a variety of patients and patient presentations ensures they are well prepared before the placement starts (e.g. travel, accommodation, etc) and experiencing a positive workplace culture is also beneficial to student learning. Clinical placements may influence a student's future choices about professional specialisation, location and area of practice¹, and can be an opportunity for students to learn and demonstrate cultural safety in a real-world environment.

All health practitioners have an important role to play in supporting the development of the health workforce². Clinical placement supervisors are critical in this regard, and need the knowledge, skills and professional attributes to support good clinical practice as well as the ability to provide teaching, supervising and mentoring to students.

Like clinical placements, simulation-based learning can add significant value to learning for initial student health practitioners. Simulation-based learning, also called simulation-based education and training, enables students to practise their learning in a safe environment. It is defined by the committee as 'interactive educational methods or clinical experiences that evoke or replicate real-life characteristics of an event or situation as the basis for developing skills, confidence and problem-solving abilities in a safe, controlled and monitored environment'.

Similarly, evidence shows the importance of including content on virtual care in initial student health practitioner education curricula. [Virtual care](#) is defined by the committee as 'any interaction between consumers/patients/clients and/or members of their care team occurring remotely, using technology with the aim of facilitating or maximising the quality and effectiveness of consumer/patient/client care'.

¹ Clinical placements are often called different terms across National Scheme professions, including work-integrated learning (WIL), work-based learning, professional experience placement (PEP), professional placement, professional experience, work placement, midwifery practice experience (MEP), clinical experience, clinical attachments, practice placements, clinical internship, clinical rotation, clinical observation or experiential learning. For the purpose of this paper, the term clinical placement is used to encompass all of these.

² Ahpra and National Boards Code of Conduct. June 2022.

Health care is rapidly evolving. Health practitioner education must also evolve to reflect changing community needs and expectations. Clinical placements, simulation-based learning and education in virtual care are central to a student health practitioner's education to ensure they have the capabilities required for future practice.

The role of National Scheme entities (National boards, accreditation authorities and the Australian Health Practitioner Regulation Agency (Ahpra)) is to help protect the public by regulating Australia's registered health practitioners and setting standards and policies they must meet.

This guidance was developed by the committee, which was established by Australian Health Ministers in 2021. Ministers asked the committee to give advice to National Scheme³ entities to support good practice in clinically-relevant placements in a variety of settings, geographical locations and communities; evidence-based technological advances; and pedagogical innovations in the delivery of programs of study.

Purpose of the guidance

This document includes the committee's draft proposed guidance covering three topics that are part of initial student health practitioner education for professions regulated by the National Scheme. These are:

1. embedding good practice in clinical placements
2. the use of simulation-based learning
3. virtual care learning experiences.

The draft guidance provides an overview of evidence-based strategies for continuous improvement of student learning in these settings and activities. It draws on the best available evidence identified at the time of writing. It reflects recent evidence on contemporary and innovative practice in the health and education sectors globally and leading practice by some accreditation authorities in the National Scheme.

The committee acknowledges that research in some areas is rapidly advancing and there may be some information that would be valuable but has not been possible to include. The document 'Information paper: good practice approaches to embedding clinical placements, pedagogical innovations and evidence-based technological advances in health practitioner education' sets out the evidence the committee has used to develop this guidance and is available on the ['publications' section of the committee's webpage](#). The information paper may be a valuable resource to support implementation of the guidance.

The primary audience for this draft guidance is National Scheme entities, and in particular the National Boards and accreditation authorities. The committee envisages that accreditation authorities will use this guidance in undertaking their accreditation functions, for example, when developing and reviewing accreditation standards, when assessing education programs against those standards or providing guidance to education providers on good practice in this space. National Boards can also use this guidance when approving accreditation standards and approving accredited education programs.

Some of the statements in the guidance may directly relate to assessing programs, while others are more general 'good practice' statements that could, for example, be included in an evidence guide. Accreditation authorities can determine how they best apply this guidance to program assessment.

The committee is aware that, for some professions, the accreditation standards and other guidance documents, and the education providers they apply to, may already meet the good practice guidance outlined in this document. In other professions, this guidance will assist in achieving the same outcomes. In either case, it is anticipated that all accreditation authorities could use this document in their work with education providers and in guiding continuous improvement in initial student health practitioner education.

Beyond the National Scheme, the committee hopes that the guidance will be useful for accreditation authorities and education providers in self-regulating professions.

³ The National Scheme covers 16 professions, including Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medicine, medical radiation practice, nursing, midwifery, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology

We want your feedback

The committee invites you to provide your feedback on the following questions:

- 1: Do you have any comments on the good practice statements in the guidance?
- 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?

We encourage you to use the response template provided to record your feedback. Please e-mail the completed template using the subject line '*Feedback – public consultation on good practice guidance for clinical placements, simulation-based learning and virtual care*' to AC_consultation@ahpra.gov.au.

Consultation closes on: close of business (AEST) 21 June 2024.

Next steps

Once the public consultation period ends, the committee will consider the feedback and any proposed refinements to the draft guidance before publishing the document. The guidance will be published on the committee's web page and circulated to nominating bodies, National Scheme entities and other external stakeholders, where relevant.

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.