



# National principles for clinical education during the COVID-19 pandemic

## Purpose

To set out national principles to guide the decisions of professions, Accreditation Authorities, education providers and health services about student clinical education during the COVID-19 pandemic response.

## Background

The COVID-19 pandemic is challenging the health system requiring rapid changes to health services and models of care, and new levels of collaboration across sectors. Some student placements have been paused or cancelled as health service providers prepare for the pandemic. Students may also be needed as part of the surge workforce depending on the severity of the pandemic.

Registration as a health practitioner confirms a student has the necessary knowledge, clinical skills and capabilities to start as a beginner practitioner. Education providers rely on supervised clinical placements in health services as part of clinical education, especially for students to develop higher order clinical capabilities such as diagnosis, management and professional judgement. However, accreditation standards for programs leading to registration are quite flexible about how these capabilities can be taught and assessed.

Australia's future health workforce is dependent on current students maintaining access to a range of opportunities to build these capabilities. Their timely graduation and registration is critical to workforce sustainability.

The Australian Government, through the Health and Education portfolios, and the Australian Health Practitioner Regulation Agency (Ahpra), National Boards and Accreditation Authorities, want to encourage student placements to continue where this is safe and possible. Clinical education arrangements, including supervised placements vary across professions. They can occur within different settings, including state/territory public hospitals and health services, as well as placements in private practice and the non-government sector. Placements can provide mutual benefit to the health service and the student. How best to achieve this varies and may need further modification during the pandemic, with the safety of care paramount.

We recognise that health services and supervising clinicians will decide how placements continue, balancing the short versus long-term risks and benefits to students and the health workforce. Based on our collective experience, we propose the following principles for student clinical education. These are deliberately high level and flexible, recognising the dynamic environment and the needs of different health services, professions and education providers. The statement of principles acknowledges and complements statements developed for specific professions by professional bodies and Accreditation Authorities.

## Clinical education principles for the COVID-19 pandemic

1. **Safety** – the safety of patients, students and staff working in health services, and the provision of high-quality care to patients is paramount.
  - 1.1 The roles and tasks assigned to students should be as safe as possible.
  - 1.2 Students must be trained in using personal protective equipment (PPE).
  - 1.3 Students must have access to appropriate PPE, at the level recommended by their clinical supervisor or jurisdictional guidelines.
  - 1.4 Students, or their regular contacts, at higher risk of COVID-19 require special consideration.
  - 1.5 Safety of the longer-term workforce is also an important consideration.
2. **Continuation** – continue clinical education, including placements, as much as possible to balance quality learning opportunities for students with the short and long-term health needs of the population, and service providers' priorities.
3. **Outcome focussed** – accreditation standards support flexible approaches to clinical education with a focus on achievement of learning outcomes within the dynamic context of the pandemic.
4. **Collaborate and innovate** – effective clinical placements are a collaboration between students, supervising clinicians, health services and educational organisations. This requires close communication with all stakeholders. Sharing resources and innovative responses to the COVID-19 pandemic across sectors is encouraged.
5. **Prioritise** – students closest to graduation can contribute most to patient care, and their timely graduation and registration is critical to workforce sustainability.
6. **Capacity** – use clinical education arrangements to extend capacity and consider where students could use their existing skills in the health system and community with different supervision models and away from the frontline COVID-19 response. This would release staff and resources for COVID-19 work and can also provide quality learning opportunities.
7. **Identify, monitor and manage risks** to students, education providers and health services according to pandemic data and service demands as they change.
8. **Maximise recognition of appropriate clinical experience** – education providers and Accreditation Authorities to maximise the recognition of relevant learning gained by registered students in paid employment as appropriate to individual professions, within jurisdictional contexts.

### Other considerations

- Where services are reduced or suspended for safety reasons in certain professions, weighing up the capacity of clinicians to manage students and the ability for students to achieve learning outcomes may be necessary.
- Putting aside competition to secure placements will help service providers and the community, as well as students and education providers.
- Education providers and health services are encouraged to implement mechanisms to ensure students adhere to placement protocols, their supervisors' directions and government instructions regarding the pandemic, for example, by social distancing and limiting travel for placements.