

## EDITORIAL

# Revising the ASPIH standards: reflections on the evolution of simulated practice

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Current simulation practice transcends the field of education and training and includes simulation activity with the purpose of understanding and improving care, mitigating risk and reducing error, as well as analysing and testing health and care systems. The needs of simulation practitioners and learners continue to evolve. New trends are determined by diverse applications of simulation and increasing availability of complex technology. In addition, there is greater emphasis on interprofessional education and an awareness of the importance of safety, sustainability, equity, diversity and inclusion.

The Association for Simulation Practice in Healthcare (ASPIH) is 'a not-for-profit membership Association comprising members drawn from healthcare, education and patient safety backgrounds including researchers, learning technologists, workforce development or education managers, administrators, and healthcare staff and students' [1]. Based in the United Kingdom, ASPIH lists several aims including the provision of 'an effective communication network for those involved in simulation and technology enhanced learning across the UK and beyond' [1].

The ASPIH Standards were first published in 2016 [2,3], describing the attributes required to design and deliver effective simulation-based education and practice. Since then, they have provided a common framework within educational and healthcare sectors and underpinned quality assurance for simulation providers, regulators, professional bodies and commissioners in the United Kingdom and internationally.

Professional societies around the world provide standards for 'best practice' in education [4], simulation-based education [5,6] and ethical guidance [7]. While we acknowledge the value of these standards, we also recognize the contextual nature of simulated practice. In the United Kingdom, this context at minimum relates to the *cultural* acceptability of simulation to address a range of training and systems testing needs in health and care. We believe the revised ASPIH Standards—2023 [8] provide a practical and accessible framework to support new and experienced simulation practitioners and managers working in a range of organisations. We do not make the claim for wider applicability, leaving those outside the United Kingdom to determine for themselves the relevance and utility of the ASPIH Standards—2023.

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Our review process included an iterative consultation exercise. In the first instance, this involved National Health Service (NHS) simulation leads across the four UK nations, Higher Education Institutions (HEIs), ASPIH members and the Standards Special Interest Group, as well simulation experts and the wider international simulation community. The second consultation phase incorporated feedback from UK regulators and commissioners, international simulation societies, other key stakeholders, and a stakeholder and member survey capturing perspectives on the final draft.

The ASPIH Standards—2023 continue to focus on elements and principles of theory and evidence-based practice applicable over the broad spectrum of simulation in health and care as a guiding compass for decision-making as an educator. They are applicable to any simulation modality for education and training as well as to *translational* and *transformative* simulation interventions, including the use of simulation for quality improvement processes, whether carried out at education centres, simulation facilities or at the point of care. These principles are formulated broadly, so that they are useful when considering innovative approaches or emerging technologies.

The implementation of the ASPIH Standards—2023 will require consideration of how they apply to each individual context and what outcome measures are most meaningful to demonstrate alignment. ASPIH is committed to working with institutions and individuals to support the development of implementation strategies, and to continue providing accreditation opportunities.

We also acknowledge the limitations of this framework. While we have aimed to have a practical and broad approach to the issues raised during the consultation process, we are aware that further work is required to define specific standards for simulation-related research. Notably, it is not the remit of this document to explore the many modalities of simulation currently in use, from the more traditional psychomotor skills training, manikin-based scenarios, hybrid simulation or simulated participants to tabletop simulations, cadaveric simulation, the use of avatars or extended realities. Specific considerations might arise when applying these standards across the breadth of simulation practice. While we are grateful for the contributions of everyone involved, we recognize that this consultation process has excluded voices that for various reasons have been unable to participate. In the spirit of learning which is fostered in simulation settings, we encourage and welcome feedback from the simulation community.

We hope that the application of the ASPIH Standards—2023 will continue to support learners, simulation practitioners, the health and care workforce, and wider organisations, in their progress towards bolstering safety for the benefit of patients, service users, families and communities.

## Declarations

## Authors' contributions

All authors contributed to the writing of the editorial. All authors approved the final version.

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## Availability of data and materials

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## Ethics approval and consent to participate

Not applicable.

## Competing interests

The authors have no conflicts of interest to declare.

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