



**Faculty of Medicine, Dentistry and Health
Sciences
University of Melbourne**

**MDHS Student Placements Lifecycle Quality
Assurance Guide**

**Student Placement Advisory Group (SPAG)
Monday, August 25, 2025**

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Introduction

This document gives professional and academic staff in MDHS guidance and support to maximise the quality and safety of student placements. Based on the Department of General Practice Lifecycle Quality Assurance Guide (2022), it outlines standards and processes for identifying, establishing, monitoring, and evaluating student placements. At the heart of these standards and processes are MDHS's values, of compassion, respect, integrity, and accountability. These values underpin MDHS's relationships with placement partners and students. We also support students to behave consistently with their values in their emerging professional identities.

These standards are foundational and common across all schools and departments in MDHS. Additional standards and processes may apply in specific Schools/Departments and in specific placement settings (e.g. rural/international placements), but any standard that is inconsistent with those below must be clearly justified.

The role of documentation in the placement lifecycle

Processes should be in place within each School/Department to document the identification, establishment, monitoring and evaluation of student placements. This maximises:

- student safety and learning, through:
 - record-keeping related to positive and potentially adverse placement experiences, which in turn supports placements in safe and effective learning environments
- student equity, through clearly documented processes for student allocation to placements
- consistency of placement activities, through clear communication within Schools/Departments when placement activities are supported by several people in the School/Department

This documentation should include:

- any School/Department-specific processes in the placement lifecycle
- records that support effective placement processes and resourcing, e.g.
 - logs of all placement providers, including numbers of students taken yearly and changes to this
 - logs that track student compliance with pre-placement requirements
 - records of any concerns that arise in steps of the placement lifecycle, i.e. selection of placement providers/clinical educators, student placement allocations, clinical educator training, placement monitoring, or evaluation

This documentation should be:

- easily understandable to others
- kept in a secure place
- professional in tone
- provide justification for any decisions made

Standards for clinical educators, placement providers, students and University of Melbourne

Clinical educator standards/responsibilities¹

Clinical educators provide effective mentoring, assessment of skills, and feedback to improve practice. They are also role models in their clinical skills and professionalism.

Clinical Educators must:

- **meet relevant registration and professional requirements**, including full and unrestricted registration with AHPRA if relevant. This includes demonstrating professional competence and professionalism, as indicated by professional registration requirements, the placement partner, and/or the University
- have **foundational skills and knowledge required for education** in the MDHS placement context, including:
 - an appropriate level of clinical experience (as per negotiation with the placement partner where relevant)
 - familiarity with learning and assessment requirements of the course in which the supervised student is enrolled
 - an ability to facilitate clinical education in ways that are consistent with the relevant profession, normally including at minimum direct observation, feedback, and informal teaching
MDHS staff should support clinical educator skill development where possible, including through programs in the Melbourne Academy of Clinical Educators and the [MDHS Student Placements website](#)
 - English language skills to support teaching and liaison with UoM
- **support student safety**, through (among other things):
 - orientation and induction of student/s to the placement setting, consistent with the [Victorian Department of Health's Standardised Student Induction Protocol](#).
 - ensuring the student is supported to practice safely, through sufficient supervision and oversight
- **interface with MDHS** in ways that support student and patient safety, including:
 - communicating with relevant MDHS staff when concerns about student and/or patient safety arise
 - being contactable throughout the placement (or identifying a delegate when the clinical educator is not contactable)
 - developing familiarity with the [Clinical Education Risk Management Framework](#) and reporting incidents as necessary

¹ While 'clinical educator' is the term most frequently used in MDHS, 'supervisor', 'field educator', 'practice educator' may be more applicable in some Schools and Departments. Where this is the case, 'clinical educator' should be taken to represent the staff member who is teaching and/or evaluating students

Placement provider standards/responsibilities

Clinical educators are often staff members employed or otherwise working with an overarching placement provider. Placement providers are bound by additional standards to ensure safe and effective learning for students.

Placement providers must:

- **sign and return the relevant legal agreement** between UoM and the placement provider (i.e. the [Vocational Placement Letter Agreement or Student Placement Agreement](#)) prior to the placement starting. This agreement should include reference to the placement provider's responsibilities to:
 - ensure student health and safety, including through orientation and induction, and safe provision of care (including off-site patient visits by students only together with a clinical educator or other professional)
 - offer sufficient opportunity for student learning
 - name an individual/s who can act as liaison between the placement provider and the University
 - provide adequate facilities – such as workspace, equipment and access to relevant resources – to support students in effectively achieving their learning outcomes
 - ensure patients consent to care consistently with any discipline or partner-specific requirements
 - support students in case of critical incidents, and inform relevant MDHS staff of same
- inform MDHS staff of any **reasonable prerequisite training** that students need to complete prior to the placement, including providing sufficient notice for completion prior to the start date
- be aware of the Faculty's [Clinical Education Risk Management Framework](#) and [incident reporting process](#)

Student standards/responsibilities

Student placement standards support students to actively engage on placement to develop professional competencies and transition into appropriate professional roles, in ways that are consistent with their profession, client/patient safety, and the values of MDHS.

Students must:

1. Meet **Faculty of MDHS student placement requirements** as detailed on the [MDHS student placements website](#), including the National Police Check, Working with Children Check, NDIS and the Infectious Diseases & Immunisation Policy.
2. Comply with relevant professional requirements, i.e.
 - If relevant, be **registered** with the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#)
 - comply with the **discipline's Code of Conduct/Code of Ethics** (including related to patient consenting procedures)
3. Be familiar with and behave consistently with **UoM's Fitness to Practice policy** and guidelines, including disclosing actual or potential health or other issues affecting their own or other's safety to the Clinical Educator and/or the University of Melbourne if preferred by the student.
4. **Operate within the scope of their practice** (as supported by their clinical educator or delegate)

5. Adhere to **safe working practices**, including infection control standards
6. **Report any critical incident** to their Clinical Educator and Placement Officer or Coordinator, and/or other relevant MDHS staff member.
7. Comply with **privacy standards** as outlined in [the University of Melbourne Privacy Policy](#).
8. Be familiar with the [Clinical Education Risk Management Framework and incident reporting process](#) for the UoM
9. Comply with any **subject-specific placement expectations and responsibilities**, as outlined in the relevant guidebook/subject guide for their course and other formal communication received from their designated subject coordinator, discipline specific or department clinical placement team

UoM standards/responsibilities

The University of Melbourne is responsible for **monitoring placements and ensuring breaches of standards are responded to** in line with UoM policies and procedures. Breaches of standards/responsibilities can occur at the clinical supervisor, placement provider, or student level: common examples are listed below.

Clinical supervisor standards: Common issues	Placement provider standards: Common issues	Student standards: Common issues
Concerns related to teaching quality, e.g.: <ul style="list-style-type: none"> - insufficient student-led consulting time - insufficient supervision - unprofessional conduct by teaching staff - other barriers to effective teaching (e.g. language barriers) 	Occupational health and safety issues (any incidents or risks that could compromise the psychological and/or physical wellbeing of the student) Insufficient infrastructure to support student placement, e.g.: <ul style="list-style-type: none"> - lack of facilities - processes for consenting clients/patients to service 	Unprofessional conduct e.g. <ul style="list-style-type: none"> - Breach of confidentiality or privacy (e.g., discussing client/patient details outside of placement) - Unprofessional behaviour (e.g., inappropriate language, poor attitude, lack of respect for staff or clients) - Failure to adhere to the discipline's Code of Ethics or Conduct - Inappropriate use of social media related to placement experiences

Where a breach of standards, or the risk of such a breach, is identified, it is the responsibility of **either the student, UoM staff member, or placement provider** to report the concern through appropriate channels. These may include:

- reporting to a UoM line manager or supervisor, with a documented action plan; and/or
- reporting to the UoM Head of Department/School or their delegate; and/or

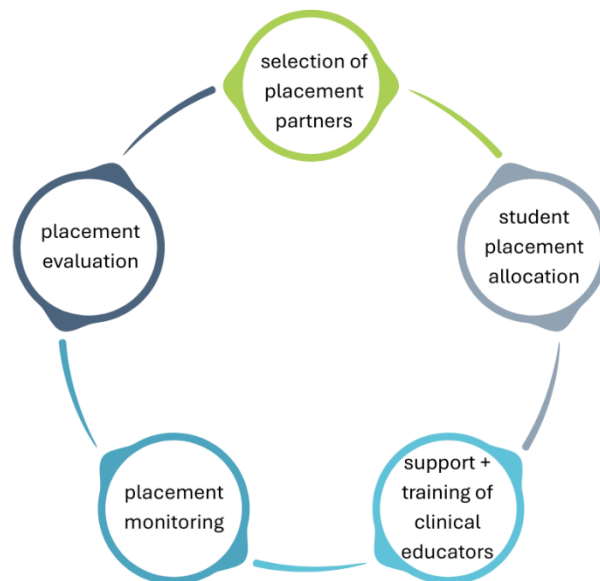
- reported to the [Clinical Education Strategy and Risk Committee \(CESAR\)](#)

Student unprofessional conduct needs to be distinguished from concerns about student wellbeing, with the latter most appropriately responded to via the relevant School/Department placements team (with support from more senior staff where appropriate) and, where relevant, [University wellbeing supports](#). Further information for responding to student well-being concerns can be found in the [MDHS Student Crisis Response Protocol](#).

The clinical placements lifecycle

Student placements follow a 'lifecycle' which supports identification of appropriate placement partnerships, placement of students, and monitoring and evaluation of placements to support further identifying and refining of placement partnerships.

This [process](#) is supported when Schools and Departments keep accessible records related to placement providers.



Selecting placement providers and clinical educators (including placement agreements)

Departments should establish a local system for identifying needs for clinical placement sites and locations for each year, to ensure as far as possible that:

- the number of placement providers/placements will meet or exceed student placement needs
- student placements will support effective professional learning, including through adequacy of supervision, breadth of learning opportunities, consistency of teaching and feedback, sufficiency of resources and support systems, adequacy of communication and collaboration with MDHS staff and students, and adequacy of safety and risk management protocols

Recruitment of new placement providers and clinical educators

Relevant MDHS staff need to establish whether new placement providers meet Standards for Clinical Educators and Standards for Placement Providers. This often includes:

- meeting with a potential placement provider to explore whether those standards can be met (via teleconference or site visit)
- where necessary, ensuring clinical educators meet relevant standards (including checking AHPRA registration where applicable)
- completing the relevant risk assessment procedure (currently, the [MDHS Domestic Placement Risk Assessment](#) or [International Placement Risk Assessment](#))
- other Departmental-level processes (e.g. reference checks for clinical educators)
- if the service does not meet eligibility criteria, communicating this clearly and documenting this
- if the service does meet eligibility criteria, and any other requirements are met, beginning the formal legal agreement via VPLA or SPA

All these communications should occur consistently with MDHS's values.

Retention of existing placement providers and clinical educators

Existing placement providers and clinical educators are retained if they can continue offering placements in ways that support student safety and learning. Decision-making considers:

- number of placements required to support student placement needs
- the degree to which the placement provider can continue to meet the Standards for Clinical Educators and Placement Providers, as indicated by MDHS staff experiences of liaison, and previous experiences of students on the placement as per [evaluation](#).

A site visit may be appropriate to:

- identify whether any change of practice staff influences the degree to which the placement provider can meet the Standards
- explore whether previous student concerns can be addressed by the placement provider prior to further placements occurring
- Fostering of robust relationships

Preparation for site visits can include:

- developing a thorough knowledge of the site (e.g. knowledge of services provided, to whom, in what catchment – often available via a thorough web search)
- previous placements at the site (type, discipline, number) – this may include both within the School/Department or across MDHS, and may require contact with the central MDHS Experiential Learning Team
- review of previous student and internal evaluations, including through Department/School-level evaluation and any other evaluations across MDHS (facilitated by contact with the MDHS Experiential Learning Team)

If relevant, accessible yet secure documentation within the relevant school/dept should outline why a service no longer meets eligibility criteria.

Where a failure to meet eligibility criteria indicates a potential risk or incident that has caused or could cause harm, or may impact the objectives of clinical education, it is the responsibility of either the student, UoM staff member, or placement provider to initiate appropriate reporting and response processes. These may include:

- Reporting to a line manager or supervisor, with a documented action plan; and/or
- Reporting to the Head of School or their delegate; and/or
- Reporting to the [Clinical Education Strategy and Risk Committee](#) (CESAR)

Placement agreements

Once clinical educators or placement providers have been selected, legal agreements need to be initiated between UoM and the placement provider. In MDHS, these take two forms: Vocational Placement Letter Agreements (VPLAs) and Student Placement Agreements (SPAs).

Vocational Placement Letter Agreement (VPLA)

VPLAs are agreements between the University of Melbourne and a placement partner that may only place students from one discipline. UoM's standard VPLAs have multi-year validity (up to 5 years). The agreement is signed by the Placement Provider and the Head of Department (or delegate). Until further notice, copies should be kept within the relevant Department or School. VPLA templates are available [here](#).

Student Placement Agreement (SPA)

An SPA outlines the agreement between the University of Melbourne and a placement partner that may place students from more than one discipline (e.g. hospitals, community health service). SPAs more easily support additional discipline placements than VPLAs as this generally does not require an additional legal agreement.

Student Placement Agreements generally include:

- the main agreement, which outlines the overarching terms that govern all placements with that Placement Provider; and
- one or more placement schedules detailing specific arrangements for individual disciplines

The main agreement (SPA) is typically negotiated by the Faculty's Partnerships Coordinator with input from department/school staff and Legal Services. It must then be signed on behalf of the University by the MDHS Deputy Dean, Education. Once signed, schools and departments can arrange placements by collaborating with their direct colleagues at the host organisation, and then complete a placement schedule, signed by Departmental/School level staff (Head of Department or School) and a placement provider authorised signatory. In most circumstances, placement agreement schedules should run for the term of the SPA unless significant changes have been made.

Placement agreements and insurance

A provision of both VPLAs and SPAs is that the University of Melbourne covers liability for its students in relation to activity while on an approved placement. This includes:

1. Public liability insurance of up to \$20,000,000
2. Professional indemnity and medical malpractice insurance of up to \$20,000,000; and
3. Student personal accident insurance

Under this level of cover:

- students are covered by [University insurance](#) during placement, provided they are adequately supervised and are not employed or receiving remuneration from the placement provider.
- students are insured against [personal accidents while undertaking placements](#) (this does not include private vehicles, or any other vehicle involved in an incident).

Incidents on placement relating to professional practice and personal accidents should be reported via:

- a report to the UoM [Enterprise Risk Management System](#)
- reporting to line manager or supervisor, with documented action plan and/or
- reporting to the Head of School or delegate
- where the incident is moderate or severe, reporting to the [Clinical Education Strategy and Risk Committee](#) (CESAR)

Student placement allocation

Timeline

The School/Department's Clinical Placements Team should:

- finalise student placements as early as possible each year
- wherever possible, notify students at least four weeks prior to placement of their allocation
- ensure students are linked to appropriate specialist placement supports (e.g. for rural placements, linked to sources of accommodation and other funding)

The placement allocation process

Placement allocation processes will vary in each department. However:

- allocation criteria should be as **transparent and clear** as possible, while also respecting the privacy of other students and stakeholders and balancing their individual needs
- students should be provided with **clear grievance and appeal mechanisms** regarding placement allocation (including, where relevant, special consideration to request reallocation of placement site)
- allocation processes should be **regularly reviewed**, including with stakeholder input where appropriate

Factors to be considered in allocation where possible include:

- the **period in which the placement should occur**
- placement **preferences** if applicable and where possible
- students' **spoken language/s** and the language in which placement providers offer services
- students' ability to undertake **pre-placement training** before the placement starts
- the degree to which students meet **pre-placement compliance requirements** for specific services
- **discipline-specific** factors
- **where the student lives**
 - Placements are allocated as close as possible to the student's term address (as recorded in UoM internal systems). In most cases, the maximum expected travel time is

90 minutes each way to the placement site, considering the student's available mode/s of transport (using relevant platforms such as Google Maps). Exceptions apply only in extraordinary circumstances.

- MDHS staff should ask students to communicate any limitations to their ability to travel 90 minutes each way to placement before placement allocation. MDHS staff will aim to respond to these issues wherever possible, considering:
 - Placement availability
 - Principles of inclusion and responsiveness to diversity

In addition, to avoid actual or perceived dual roles on the placement site:

- the student **must not be related to any staff** in the service
- the student **must not have a pre-existing personal relationship with the clinical educator**
- except for hospitals, the student and their immediate family **must not be current or recent clients or patients** of the practice or service
- apart from hospitals, the student **must not be a current or recent employee** of the practice or service

UoM placement platforms may also support the placement allocation process (e.g. SONIA, Placeright²).

Clinical educator training and support

Departments and Schools partner with placement providers to support and develop the skills and knowledge of the clinical educator workforce supporting UoM students. To this end, Departments and Schools should provide appropriate training opportunities and resources for that workforce, including (but not limited to):

- promoting access to training through the [Melbourne Academy of Clinical Educators](#) (and, where possible, supporting the training provided through ACE)
- providing workshops (either face-to-face or via teleconference)
- providing access to School/Department/Faculty resources relevant to clinical education, including through LMS
- promoting any other discipline-specific training provided by other training providers

Departments and Schools may develop processes for identifying specific areas of clinical educator need (e.g. surveys) to support training and support.

Placement monitoring

MDHS Schools/Departments are responsible for reasonable monitoring of placements to ensure they are occurring safely and effectively. This includes:

- ensuring students meet pre-placement requirements before attending placement

² Placeright is a secure, web-based information system used to manage and coordinate student placements across health and human services. It facilitates partnerships between education providers and placement organisations by streamlining placement planning, administration, and reporting. The platform supports efficient workflows, secure data sharing, and compliance with organisational and educational standards.

Placeright is operated by the Victorian Department of Health and is available free of charge to all Victorian student placement providers across public, private, and not-for-profit sectors.

- regular contact between clinical educators, students, and University of Melbourne staff to
 - track student performance and progress, including developing plans if student progress is of concern
 - monitor the degree to which the placement setting can provide the student with the required training and support (as guided by School/Department/discipline-specific policies)

This process requires:

- up to date contact details for students: normally centrally collected and available via SONIA
- up to date contact details for clinical educators, and placement providers: should be collected and securely maintained by relevant School/Department staff
- processes for documenting contact related to placement monitoring, particularly in situations where there is concern about student performance and progress or placement setting issues.

In circumstances where there is a risk to student safety and appropriate learning in ways that suggest a break of standards or responsibilities of clinical educators, placement providers, or students, this may require:

- reporting to line manager or supervisor, with documented action plan and/or
- reporting to the Head of School and/or
- reporting to CESAR

Evaluations of clinical placements

Clinical placement evaluations can help identify outstanding placement providers/clinical supervisors and areas of concern. Evaluations are important at several levels:

Student evaluations

Schools/Departments should have formal processes for student evaluation of placement settings. This feedback may prompt:

- additional contact between the student and the School/Department placements team or nominated other to clarify or provide support where necessary
- revision of the processes of one or more steps in the placement lifecycle
- feedback to the placement partner/clinical educator (this will depend on how identifiable student feedback is)
- where it represents a risk or incident impacting student safety and quality of learning, reporting to line manager/supervisor, Head of School, and/or CESAR

Clinical educator and placement provider evaluation

Placement providers and clinical educators should be able to give feedback on the clinical placement program. This feedback may prompt:

- additional contact between the clinical educator/placement provider and the School/Department placements team or nominated other, to clarify or provide support (including options for supporting clinical education skills) where necessary
- revision of the processes of one or more steps in the placement lifecycle

Internal evaluation

Relevant School/Department placements staff may have their own formal or informal ways of evaluating learning and safety across all clinical placement settings. Staff are encouraged to consider ways to document this to facilitate teamwork in clinical education processes.

For any comments regarding this document please contact [Anthea Cochrane](#), Chair Student Placement Advisory Group.

Glossary

VPLA – Vocational Placement Letter Agreement

SPA – Student Placement Agreement

CESAR – Clinical Education Strategy and Risk

UoM – University of Melbourne

AHPRA – Australian Health Practitioner Regulation Agency

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