



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

**MDHS Student Placements Lifecycle – Quality  
Assurance Guide**

**Student Placement Advisory Group (SPAG)**

**Tuesday, October 15, 2024**

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# 1. Introduction

This MDHS Student Placements Lifecycle-Quality Assurance Guide is based on the Clinical Placements in Primary Care Quality Assurance Guide 17 May 2022 issued by the Department of General Practice.

It is highly recommended that Departments within the Faculty of Medicine, Dentistry and Health Sciences use this MDHS Student Placements Lifecycle Guide to assist them in the planning and the evaluation of Clinical Placements.

## 1.1 Purpose

The intended purpose of this document is to provide professional and academic staff in MDHS with guidance and support in respect to quality in student placements and ensure that the courses in which student placements exist, consistently meet the high standard of administration, coordination and education that The University of Melbourne expects for its students. This document provides recommendations for MDHS professional and academic staff to identify, establish, monitor, and evaluate student placements, as well as building knowledge to increase understanding of how standards and measures of standards drive the overall Quality Assurance Cycle.

## 1.2 Vision

With students at the heart of everything we do, we are a global leader in health education and training, driving excellence and innovation through our contemporary partnerships, exceptional graduates and impactful research that spans discovery to translation.

## 1.3 MDHS values: Collaboration and teamwork, compassion, respect, integrity, accountability.

The MDHS Student Placements Lifecycle Quality Assurance Guide details all the elements of quality assurance necessary to successfully coordinate student placements in the Faculty of Medicine Dentistry and Health Sciences (MDHS) at the University of Melbourne (UoM).

MDHS collaborates with a network of many thousands of placement sites to support work integrated learning for students in:

- Medicine
- Dentistry
- Oral Health
- Nursing
- Optometry
- Physiotherapy
- Audiology
- Speech Pathology
- Social Work
- Psychology
- Genetic Counselling
- Population & Global Health

In this collaboration, MDHS aims to enact our values of collaboration/teamwork, compassion, respect, integrity, and accountability at all times. This includes using these values to:

- Guide our relationships with placement partners
- Guide our relationships with students
- Support relationships between placement partners and students
- Support the development of a health workforce that behaves consistently with these values with patients and colleagues

## 2. Standards for Clinical Educators, Placement Providers and Students

The following standards assist in facilitating the development of consistent, high-quality education experiences for students, guide curriculum development, facilitate evaluation and assessment and support ongoing improvement in education programs.

Criteria exist for each of the following groups involved in student placements:

- Standards for Clinical Educators
- Standards for Placement Providers
- Standards for Students

### 2.1 Standards for Clinical Educators<sup>1</sup>

The standards below provide clinical educators with a structure to guide their instructional practices. They outline the skills, knowledge, and behaviours expected from clinical educators in their interactions with students. These standards may include guidelines for effective mentoring, feedback provision, assessment, and professionalism. Educators can use these standards to enhance their teaching methodologies and create a supportive learning environment. Further resources can be found on the [University of Melbourne Student Placements website](#) and the [Victorian Department of Health's Standardised Student Induction Protocol](#).

Clinical Educators must:

1. Meet relevant registration and professional requirements.
2. Have full and unrestricted registration with AHPRA (if the discipline is a registered profession).
3. Be a competent clinician with applicable level of experience, as determined by the University and specific Department/School based requirements relating to clinical and teaching experience in which the student is enrolled.
4. Demonstrate a high level of professionalism.
5. Have appropriate English language communication skills for clinical teaching.
6. Support work-integrated learning of students, as determined by the University and the specific Department/School in which the student is enrolled.
7. Familiarise themselves with the learning and assessment requirements pertaining to the course and year level of the students they are supervising. This includes demonstrating a

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<sup>1</sup> While 'clinical educator' is the term most frequently used in MDHS, 'supervisor' may be more applicable in some schools. Where this is the case, 'clinical educator' should be taken to mean 'supervisor'

commitment to clinical teaching and actively participating in clinical educator training. Clinical educators are encouraged to approach the University seeking clinical education opportunities, including any required regular retraining.

8. Facilitate an orientation and induction of student/s to the placement setting (this may be delegated to an appropriate staff member) and ensure that an appropriate Clinical Educator is always contactable for student supervision during clinical time.
9. Provide dedicated time with students in the form of direct observation, feedback and opportunistic teaching.
10. Ensure student safety (including appropriate supervision at any external sites and home visits).
11. Be familiar with the [Clinical Education Risk Management Framework](#) and incident reporting process for the UoM.

## 2.2. Standards for Placement Providers

Standards for student placement providers are used to ensure that the learning experiences offered to students meet certain criteria of quality, safety, and educational value. By setting expectations for the learning environment, supervision, and educational opportunities, these standards help ensure consistency and maintain the integrity of the educational experience. They also help protect the interests of students by ensuring that they are placed in appropriate and beneficial learning environments. All standards for placement providers are outlined in the relevant legal agreement (VPLA/SPA). As a result, there must always be a signed legal agreement between UoM and placement providers where a student is on placement. Placement providers must also inform the University of any reasonable additional training that students are required to complete prior to starting placement with the placement provider, with sufficient notice that the training can reasonably be completed before the placement start date.

In addition, placement providers should acknowledge the Faculty's [Clinical Education Risk Management Framework](#) and [incident reporting process](#).

Placement Providers must fulfil the following criteria:

1. There must be a signed Vocational Placement Letter Agreement (VPLA) or Student Placement Agreement (SPA) completed with any placement provider where students undertake a placement.
2. At all times, a placement provider staff member (or delegated personnel) must be onsite.
3. Clinical educators must always be contactable.

The VPLA or SPA details the following placement standards, and the Placement Provider must:

1. Ensure that student health and safety is not placed at risk
2. Offer a representative range of patients or clients for student learning
3. Provide adequate facilities for students
4. Have appropriate patient consenting procedures
5. Have an appropriate staff member who acts as a liaison person
6. Ensure a Clinical Educator or appropriate staff member will provide orientation and induction to the student
7. Ensure that the student is debriefed if they are involved in any critical incident, and that the University is informed

8. Ensure visits to patients off-site will occur only with the Clinical Educator or other health professional delegated by the Clinical Educator

## 2.3. Standards for Students

Standards for students in placement are used to set learning objectives, assess performance, promote professional behaviour, facilitate self-assessment and reflection, enhance career preparation, and support continuous improvement. These standards provide a framework for students to maximise their learning potential, develop professional competencies, and transition into competent healthcare professionals.

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 and the Infectious Diseases & Immunisation Policy.
2. Be registered with the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#) (if required) and comply with the discipline's [Code of Conduct/Code of Ethics](#).
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 or the University of Melbourne if preferred by the student.
4. Maintain infection control standards including universal precautions.
5. Ensure they are operating within the scope of their practice and adhere to safe working practices.
6. Report any critical incident to their Clinical Educator and Placement Officer or Coordinator.
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 from the designated subject coordinator.

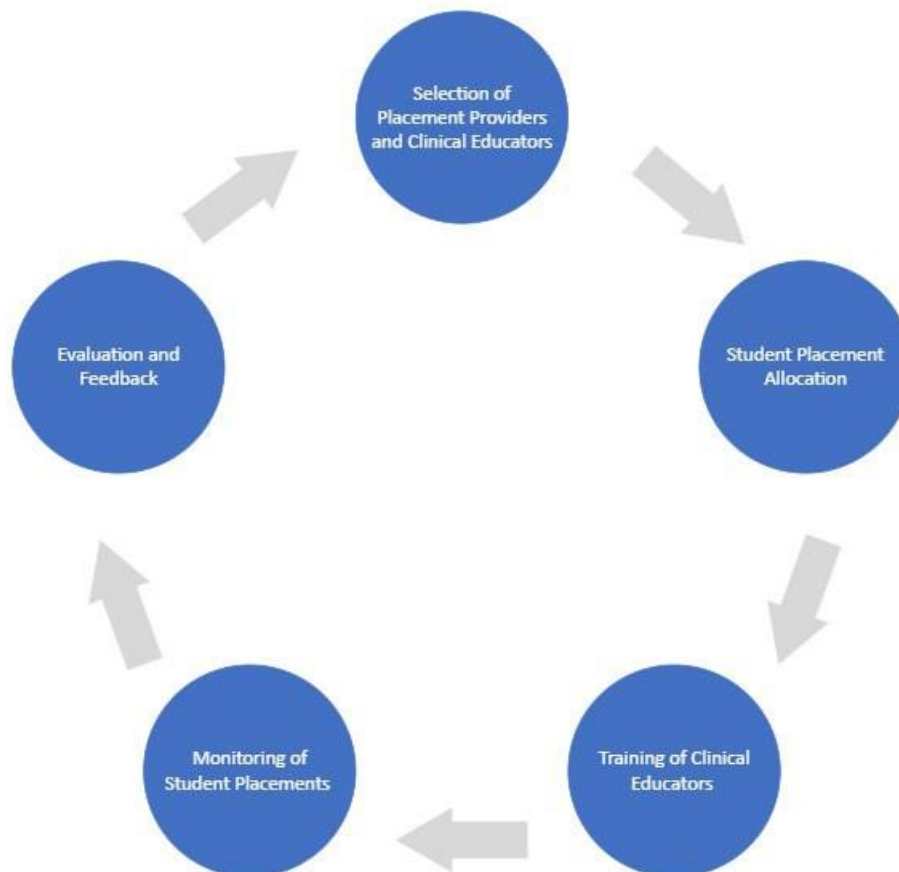
### **In addition to the above criteria:**

- All students will receive from their designated subject coordinator a list of placement expectations and responsibilities within the relevant guidebook/subject guide for their course. Subject guides are available on CANVAS and students should contact their subject coordinator if this is missing.
- Students should be aware of their scope of practice, [Fitness to Practice policy](#) and guidelines, the [University's Student Conduct Policy](#), [risk and incident reporting processes](#) and additional support the University can provide when required.

## 3. The Clinical Placements Lifecycle

The Student Placements Lifecycle encompasses the processes and procedures necessary to ensure quality assurance is maintained in the organisation of student placements and are supported by the standards for clinical educators and students. The cycle consists of:

1. Selection of Placement Providers and/or Clinical Educators (where applicable)
2. Student placement allocation
3. Training of Clinical Educators
4. Monitoring of student placements by departments, with input from clinical educators and students
5. Evaluation and feedback of student placements experience



### 3.1. Selection of Placement Providers and Clinical Educators

It is recommended that Departments establish a system for identifying their needs for clinical placement sites and locations for each year. [PLACERIGHT](#) may assist some departments with the process of identification and allocation of student placements. Departments should have a log of all Placement Providers ([SONIA](#) may facilitate this). This will also assist in forecasting compliance requirements and overall placement resource effort.

#### 3.1.1. Selection process

##### 3.1.1a Annual review cycle

An annual review of existing Placement Providers should occur in each Department, which includes reviewing:

- The degree to which the number of placement providers will match student placement needs in the subsequent year
- Student placement experience, including:
  - adequacy of supervision
  - breadth of learning opportunities
  - consistency of teaching and feedback
  - sufficiency of resources and support systems
- Adequacy of communication and collaboration with UoM and students
- Adequacy of safety and risk management protocols

Review of quality assurance data from the previous year should occur prior to the placement allocation process to be sure that all placement sites previously involved are eligible to take students.

Placement Providers with reported quality assurance issues should be reviewed and a decision made as to whether the Placement Provider will be suitable for student placements in the coming year. We should document the reasons behind our decision not to continue working with a placement provider and report this to CESAR as a risk and/or incident. Doing so would allow us to track and provide recommendations for avoiding placements at 'blacklisted' sites in the future.

### *3.1.1b Recruitment of new placement providers*

When recruiting new placement providers, each Department/School should:

- Ensure Clinical Educators listed have met the 'Standards for Clinical Educators.' This includes checking AHPRA registration when applicable.
- Arrange time with the Placement Provider to discuss expectations and quality standards (see section 2 above). This can be completed by either a visit or over the phone/Zoom.
- If the Placement Provider meets the standards and terms that are agreed upon between the department and the clinical provider, then arrange a placement VPLA or SPA.

If a Placement Provider does not meet the standards, then notify them of their ineligibility and reasons why. **Ensure there is a record made of this decision for future reference.**

### *3.1.1c Recruitment of new Clinical Educators*

This is done in various ways by different Departments. Overall due diligence should take place when assessing the quality of the potential clinical educator that aligns with the standards in section 2.1. Please liaise with your department to check if there are any templates available when seeking reference checks for new clinical educators.

## 3.2. Student Placement Allocation

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 location (if possible)

### 3.2.1. Considerations for placement allocations

Placement allocation processes will vary in each department; however, the process must be fair and transparent. This may include by:

- making the allocation criteria as transparent and clear as possible, while also considering the need to meet the needs, and ensure the privacy, of other students and stakeholders
- directing students on where to obtain support (if required) to undertake placement
- regular review and evaluation of the allocation process
- providing students with clear grievance and appeal mechanisms regarding placement allocation

Each department will have a Clinical Placement Academic and/or Professional staff member who oversees the allocation process. Departments can use [SONIA](#) or equivalent system to help with student allocation.

In allocating placements, the Placement Coordinator, Academic and/or Professional staff should consider:

- the period in which the placement should occur
- placement preferences if applicable, and to the degree to which this is possible
- the language/s spoken by the student and the language/s in which services are provided. It may be beneficial to allocate students who are multilingual to providers that offer services to the community in a language other than English.
- any discipline-specific requirements
- whether students have met pre-placement compliance requirements
- some Placement Providers (e.g. with a First Nations health focus) may require students to have additional training. This information should be confirmed as early possible to ensure the correct preparation is taken.

The following additional criteria apply to all placements to avoid real or perceived conflicts of interest:

- 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
- the student and their immediate family must not be current or recent clients or patients of the practice or service (hospitals are exempt from this requirement)
- the student must not be a current or recent employee of the practice or service (hospitals are exempt from this requirement)

#### *3.2.1.1 Travel time and placements*

Placements are allocated as close as possible to the student's term address. In most cases, a 90-minute one-way travel time to the placement site is the maximum expected, considering travel by car or public transport. Exceptions apply only in extraordinary circumstances. The travel time is calculated from the student's term address (students are responsible for ensuring their address is accurate in The University of Melbourne's internal systems). Estimates are based on average times from Google Maps, and placement providers strive to minimise travel time.

Students with specific barriers to the travel times noted above should communicate these explicitly to the Placement Academic staff at the beginning of each year, before placement allocation where possible. Placement academic staff will aim to respond to these issues where possible, taking into

account placement availability and specific student barriers, and may require documentary evidence of any barriers.

If a student's travel time for an allocated placement exceeds the guidelines, they should first contact the Academic placement staff to rule out any system errors. If no error exists and the student is already allocated to a placement, they can request a change in placement location through a special consideration process. Due to administrative complexities and equity considerations, this is typically the sole method for changing placements.

[The Travel Classification Guidelines](#) explain in further detail.

### 3.2.2. Placement Agreements

Once clinical educators or placement providers have been selected, it is important that a Vocational Placement Legal Agreement (VPLA) or Student Placement Agreement (SPA) is instituted or re-signed by both parties. Questions regarding SPAs or VPLA's should be directed to the [MDHS Partnerships Coordinator, Experiential Learning](#).

#### 3.2.2a Vocational Placement Letter Agreement (VPLA)

The VPLA is a legal document that outlines the agreement between the University of Melbourne and a placement partner that may only place students from one discipline. It includes reference to liability coverage for students. Once the Placement Provider has been selected and approved, a VPLA must be signed before the student attends the placement. The University employs standard VPLAs with multi-year validity (up to 5 years). The agreement is signed by the Placement Provider and the Head of Department (or delegate) and kept with The University of Melbourne in line with record retention policies.

#### 3.2.2b Student Placement Agreement (SPA)

An SPA is a legal document that 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, etc.) as this facilitates easy expansion of placement opportunities across the faculty without requiring additional agreements.

Student Placement Agreements typically comprise two key parts:

- 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 (including areas of practice within disciplines)

The main agreement is typically negotiated by the Faculty's Partnerships Co-ordinator 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 to complete and sign a placement schedule. Placement agreement schedules should be reviewed annually.

#### 3.2.2c Insurance

Under both VPLAs and SPAs, the University of Melbourne covers liability for its students in relation to their placement which 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. Personal accident insurance to cover the students whilst engaged on Faculty approved placements associated with their university course.

Under this level of cover, students can interview and conduct parts of patient examinations independently, appropriate to their current year level, although they should always be consulting with their Clinical Educator and obtain the required patient consent. It is expected that the level of supervision is commensurate with the level of experience and competency of the student.

Should an accident occur while a student is travelling to or from a placement, they may be able to claim under the University's personal accident insurance for any injury (no insurance is provided for private vehicles, or any other vehicle involved in an incident). Where an incident has taken place, a report should be made in the University's risk management system ERMS by UoM staff, a record of the incident kept within the department and where the incident is more serious in nature (medium or higher) a report should be made to the Clinical Education Strategy and Risk Committee aligned with the [MDHS Incident Reporting Process](#).

### 3.2.3. Visits to Placement Providers

It is recommended that Departments consider if a visit to the Placement Provider is appropriate when setting up their placement for the year. Larger Placement Providers should be visited, or a meeting arranged at least annually. These meetings can be conducted via Zoom when this is more appropriate.

#### 3.2.3a Possible Reasons for Visits

- New services prior to first placement (these visits may be virtual in the case of the practice being a long distance from the University and if better suited to practice and Department)
- Practices with low ratings or poor student evaluations
- Investigation of a breach of standard
- Change of practice staff

Who visits:

- Academic Clinical Coordinator and/or nominated professional staff

#### 3.2.3b Protocol for Service Visits

Before the visit:

- Check the type of placement and how many placements the Placement Provider has had in the past (where relevant), through discussions within the relevant School and with the central MDHS Placements Team
- Check previous student evaluations
- Collect as much information as possible via Placement Provider website

During the visit:

Please consider using the [Faculty's Domestic Risk Assessment Form](#).

After the visit

- Update the Department's log of placement sites and any relevant quality assurance documents with comments regarding any concerns, limitations, or issues to follow-up.
- Notify the Academic Clinical Coordinator (or similar) responsible for quality assurance as necessary if there are any issues to follow up.

### 3.3. Training of clinical educators

It is highly recommended that Departments facilitate training for Clinical Educators in supervision and/or discipline-specific assessment of students. Training may be provided via:

- Reference guides (in pdf format)
- CANVAS
- Face to face workshop(s)
- Zoom sessions
- Use of School and Faculty resources

The University may use evidence of completion of this training to select clinical educators.

Please also refer to the [Academy of Clinical Educators](#) for further information.

Note: Other student supervision training courses may be substituted for training provided by the University. If this occurs, it is expected that Clinical Educators familiarise themselves with the relevant student placement program (e.g. by reading a Clinical Educator Guide).

### 3.4. Monitoring of Students while on Placements

Each Department's Clinical Placement team should be able to contact students while they are on placement in case of an emergency. SONIA or an equivalent system must list site contacts and a contact phone number. Clinical placement officers/teams should also be able to access University systems to capture student contact details if required.

Continuous monitoring of placements for risk and quality assurance management should occur and involve Clinical Educators and University of Melbourne department staff. Monitoring includes:

- Monitoring of pre-placement compliance by the University. *No student can attend placement when pre-placement requirements are unmet*
- Regular contact between clinical educators, students, and/or University of Melbourne staff (via phone or email), in the form of
  - MDHS School Clinical placement team 'check ins' with clinical educators and students
  - Contact to the MDHS School clinical placements team from students and/or clinical educators and/or placement providers about student performance
  - Contact to the MDHS School clinical placements team from students and/or clinical educators and/or placement providers about the capacity of the placement setting to provide the student with the training experience required
- University department/school review of evaluations and assessments as soon as practicable after the conclusions of placements, with evaluation of concern addressed in a timely manner
- Review of breaches of standards data collected by the MDHS Department as per Section 4.1.

### 3.5. Evaluations and feedback of Clinical Placements

An annual summary of student feedback is collected regarding the Clinical Placement Experience. The MDHS Department should also receive feedback from Placement Providers. This process is likely to vary across different Schools/Departments. This information should be reviewed by academic/professional staff that coordinate clinical placements at The University. These evaluations may be used to develop revision of processes and Clinical Educator training. If specific risks are

identified during the process of evaluation these should be reported (refer to the [Clinical Education Risk Management Framework](#)).

### 3.5.1. Student Evaluations

Students are given the opportunity to provide feedback on their learning experiences on their placements via a survey. Typically, surveys will be distributed to students at the conclusion of a placement and student evaluations will occur at least annually. Any issues raised in the feedback should be used to improve the student experience. Where the student's feedback is more serious in nature, it should be escalated and reported to ensure action is taken to address the incident or risk (refer to the [Clinical Education Risk Management Framework](#)).

From time to time the Placement Coordinator may reach out to students to gather informal feedback about their experience.

### 3.5.2. Clinical Educator and Placement Provider evaluation surveys

All Placement Providers hosting students should be given an opportunity to provide feedback on the clinical placement program and may be required to provide feedback on student performance (this is program dependent). This feedback is reviewed by University Staff and information received informs the planning process and support offered to Clinical Placement partners going forward.

## 4. University of Melbourne Responsibilities

### 4.1. Assessment of breaches of standards & quality assurance issues

The University of Melbourne is responsible for monitoring and ensuring breaches of standards are responded to in line with policy and procedure. Breaches of standards most commonly occur in one of the following areas:

1. Quality of teaching (e.g. insufficient student-led consulting time, lack of supervision, unprofessional conduct in teaching staff)
2. Student performance (e.g. attendance issues, unprofessional conduct, poor academic performance (reputational, legal and regulatory))
3. Student safety (e.g. Occupational Health and Safety issues, any issues that compromise the psychological and/or physical wellbeing of the student - health, safety and wellbeing). Please refer to the following link to which provides resources and policies: [Respect : Staff Hub \(unimelb.edu.au\)](#) Also make students aware ' [Sexual misconduct : Respect : University of Melbourne \(unimelb.edu.au\)](#)'.
4. Limitations of practice (e.g. Lack of facilities, lack of representative patient range, LOTE (Language Other Than English) issues (legal and regulatory))
5. Other: Any other non-classifiable issues that result from a breach of standards.

Any breach of standards or quality assurance issue is a clinical placement incident as the event has already occurred. These incidents must be reported to the Academic Clinical Co-ordinator within your School/Department and, especially where it is more serious in nature, to the [Clinical Education and Risk Committee](#).

Risks to clinical placement and clinical education should also be reported and assessed to ensure mitigation and controls are applied that will reduce the negative impact (see [Clinical Education Risk Framework](#)). These should be implemented as soon as possible to decrease the risk of incidents.

## 4.2. Student wellbeing

If the issue is primarily a student’s health and wellbeing and not related to a breach of standards, then this matter should be escalated accordingly via the School or Departments’ internal processes.

Student well-being issues should be directed to the Clinical Placements team. This is typically the Academic Clinical Placements Coordinator involved in the team. Students can also access the University’s student wellbeing services: [Support : Melbourne Medical School \(unimelb.edu.au\)](#)

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

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V.3	15 October 2024	Lisa Cheshire	Final



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