

Queensland Health

Allied Health Pre-Entry Student Placements

A Guide to Managing Placements and
Supporting Capacity



Queensland
Government

Allied health pre-entry student placements – a guide to managing placements and supporting capacity

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For more information contact:

The Office of the Chief Allied Health Officer, Department of Health, GPO Box 2346, Fortitude Valley BC Qld 4006, email allied_health_advisory@health.qld.gov.au, phone 07 3328 9298

An electronic version of this document is available at

<https://www.health.qld.gov.au/ahwac/html/cet/education-providers>

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1 Purpose and scope

The provision of clinical education is critical to ensuring a safe, competent, and sustainable health workforce, as well as being a professional and organisational obligation. The responsibility for the provision of pre-entry clinical education is a partnership between education providers and Queensland Health or Mater Health Services as the placement provider.

This reference guide outlines the processes undertaken to coordinate and manage allied health pre-entry clinical placements within Queensland Health facilities and services. It provides information to support education providers allocating and coordinating allied health pre-entry student placements within Hospital and Health Services (HHSs), including the:

- Legislative operating environment
- Overarching principles for the distribution of allied health clinical placements
- Resources that support allied health clinical student placements
- Profession specific clinical placement processes and protocols.

Additionally, it aims to support HHS decision making regarding clinical placement capacity and offers.

2 Context

Clinical education and training is one of five critical enablers in the Office of the Chief Allied Health Officer's (OCAHOs) *Optimising the allied health workforce for best care and best value: A 10-year Strategy 2019-2029*¹. Clinical education and training are critical components in supporting health services to ensuring that the current and future workforce have the capacity and capability to provide high quality, effective and safe healthcare. Queensland Health facilities and services contribute to the education of health professionals through the provision of training placements consistent with and proportionate to health service capacity.

The following tenets underpin the provision of clinical education and training within and across HHSs as agreed to by the Statewide Clinical Education and Training Program Manager Network and key stakeholders.

- **Sustainability** – Clinical education and training programs are maintained, support investment in pre-entry clinical education and assist the development of a sustainable workforce.
- **Consistency** – Clinical education and training of clinicians is managed in a consistent manner across health services to support transparency, transferability, and flexibility.
- **Efficiency** – Clinical education and training programs are managed in a way that promotes the efficient use and sharing of available resources within and across HHSs.

- **Collaboration** – Health services work with internal and external stakeholders to promote placement capacity building appropriate to the clinical workforce distribution and community needs.
- **Safety and quality** – Clinical education and training of students is provided with attention to clinical governance to ensure the delivery of safe, high quality consumer services.
- **Evidence informed** – Clinical education and training programs are evidence based, and patient centred.

Pre-entry clinical placements for allied health students are offered within Queensland Health across a wide continuum of settings including acute hospital and ambulatory/ outpatient services, primary care and community health, subacute services, mental health services and non-traditional or emerging client groups and services.

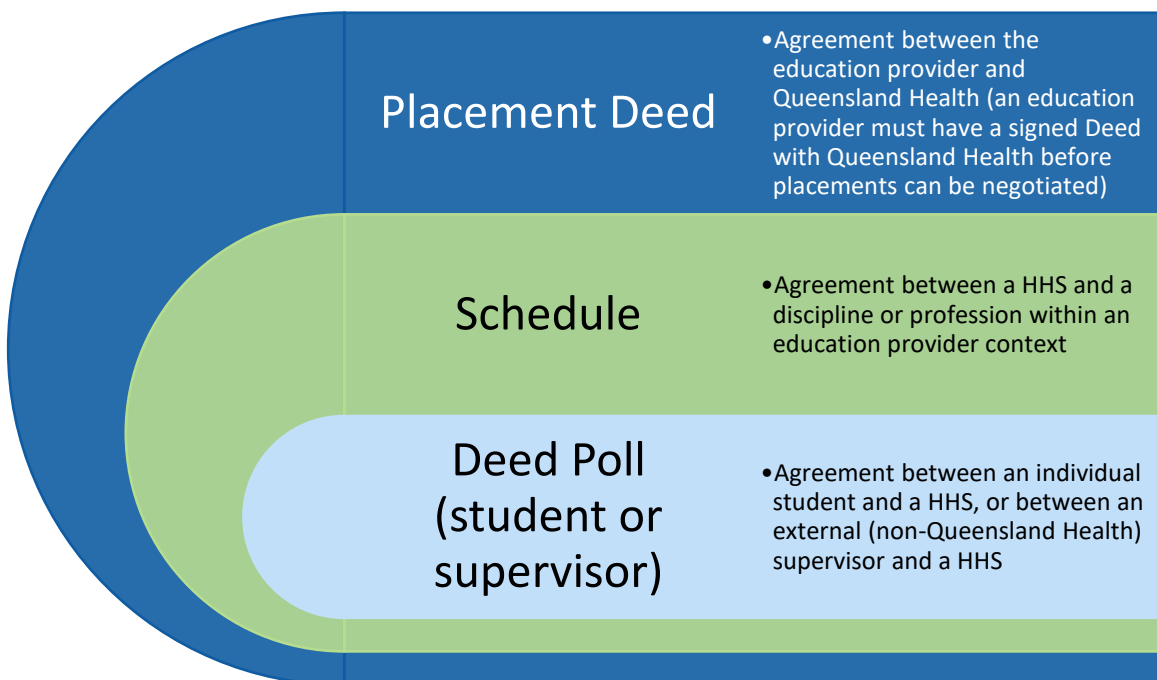
3 Legal frameworks and agreements

3.1 Student Placement Deed

Queensland Health pre-entry clinical placements are governed by Queensland Health's Student Placement Deed². The Student Placement Deed is a strategic and overarching legal agreement between Queensland Health (through the Department of Health on behalf of the HHSs) and education providers which covers all legal aspects of clinical placements. The Student Deeds Office, Workforce Strategy Branch is responsible for the management of the Student Placement Deed (email: QHclinicalplacements@health.qld.gov.au).

Operationalisation of the Student Placement Deed occurs via Queensland Health's Student Placement Schedule – Schedule 3 (the Schedule)³. The Schedule forms part of the contract between Queensland Health and education providers, and “sets the legal, insurance, and compliance requirements, and attributes roles and responsibilities of persons and organisations in relation to the clinical placements program in Queensland Health facilities.”

Figure 1 Student Placement Deed Framework



3.2 Health service agreements

Service Agreements between the Department of Health and each HHS define the health services, teaching, research, and other services that are to be provided by the HHS and the funding to be provided to the HHS for these services.

See: <https://www.health.qld.gov.au/system-governance/health-system/managing/agreements-deeds>

The Service agreements contain specific clauses in relation to the teaching training and research programs for which funding is provided to the HHS. For allied health pre-entry clinical education, this includes a commitment by the HHS to:

- the provision of education and training placements for the pre-entry clinical allied health students consistent with and proportionate to the capacity of the HHS.
- support and align with stipulated placement terms governing clinical placements in Queensland Health facilities.
- support profession specific and inter-profession statewide allied health clinical education programs.
- continued implementation and retention of clinical educator positions provided through the *Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 4) 2022 (HPDO4)*⁴.

4 Queensland Health resources to support placements

4.1 Clinical Education Management Initiative

The *Health Practitioner (Queensland Health) Certified Agreement (No. 1) 2007* (no longer available), committed funding for 164 full time equivalent (FTE) allied health and oral health practitioners, phased in over the life of the Agreement. Originally established as the Clinical Education Workload Management Initiative (CEWMI), it was renamed as the Clinical Education Management Initiative (CEMI) in subsequent agreements, reflecting its expanded scope and funding growth.

The distribution of the CEMI funding was negotiated based on pre-entry and new graduate clinical support requirements across the allied health professions. Each profession that received funding was given the opportunity to design and implement a model of funding utilisation that best suited their needs for placement supply and demand and new graduate support. Most professions used the funding to employ designated clinical educators and/or clinical education coordinators. Other models included backfill for a rotating clinical educator role, and models that specifically focussed on recruiting and supporting new graduates.

In 2012, the allocated CEMI funding was provided recurrently to the HHSs with the understanding that individual health services are responsible for the ongoing operational management of these resources.

CEMI-funded positions are professionally coordinated and supported by the Statewide Clinical Education Program Managers.

4.2 Statewide Clinical Education Program Managers

The Statewide Allied Health Clinical Education Program Manager positions were created in 2009 to collaborate with profession leaders in Queensland Health, and support quality practices and innovative approaches to clinical education for pre-entry students and new graduate allied health professionals. In 2012, the Program Manager positions were transferred from the Department of Health to the HHSs. Program Manager positions exist for medical radiation professions, nutrition and dietetics, occupational therapy, pharmacy, physiotherapy, psychology, social work, speech pathology and clinical measurements and the smaller disciplines.

These positions maintain close links with education providers and professional stakeholders involved in clinical education, and support compliance with the Student Placement Deed framework for allied health student placements.

5 Guiding principles for clinical placement offers

5.1 Transparency and equity

The processes for offering, accepting, withdrawing, and cancelling of student placements should be transparent and equitable and in compliance with the Student Placement Deed. These processes should be known to all parties.

Transparency in instances of partnership and contractual agreement between education providers and facilities, and services where the investment is provided for clinical placements and activities is strongly encouraged.

Each HHS is required to report on allied health pre-entry clinical placement activity (CPA) as per HPDO4. Business rules for CPA data are available to all staff responsible for administering placements within the HHSs. CPA data is collected and entered by nominated HHS staff via the online Allied Health Clinical Placement System accessed through the Allied Health Clinical Placement Activity QHEPS page. CPA data is verified by the professions via the Statewide Allied Health Clinical Education Program Managers prior to being reviewed for publication by the Office of the Chief Allied Health Officer (OCAHO). HHS staff are encouraged to speak with their profession specific Program Manager for more information regarding profession-specific data reporting processes.

5.2 Flexibility and agility

Whilst consistent clinical placement processes are encouraged, placements should remain flexible and agile to respond to the changing healthcare environments. This will also support optimisation of clinical placement capacity.

5.3 Expectations and relationships

For Queensland Health to accommodate a request for a clinical placement, the following should occur:

- Both education providers and HHSs should comply with the Student Placement Deed.
- Education providers should initiate the Student Placement Schedules and complete them within agreed timeframes and with the required level of detail in accordance with the Student Placement Deed framework, and in line with any additional information specified in the profession specific protocols, prior to the commencement of placement.
- Education providers should provide a forward calendar of known placement requests to clinical placement providers at an agreed date for the following calendar year.
- Where appropriate, representatives from education providers and clinical placement providers should meet at agreed intervals to discuss processes for clinical placement offers. These meetings enable placement capacity building and guide efforts to support collaborations for the education and training of clinical educators.

- Queensland Health will ensure the Student Placement Deeds are current.

5.4 Clinical placement governance

As per the Student Placement Deed, disputes between education providers and HHSs regarding clinical placement offers and distribution of available clinical placements, should be addressed in the first instance through local negotiations carried out in good faith using agreed mechanisms and protocols. If an unacceptable resolution cannot be achieved mediation may be required.

6 Queensland Health clinical placements strategic priorities

OCAHOs *Clinical Education and Workforce Training Plan, 2020-2029*⁵ outlines a vision to “*build the capability and capacity of our emerging, new and existing professional and support workforces to effectively meet the healthcare demands of the future*”. The plan outlines three priority domains: partnerships and collaboration, sustainable workforce training pathways, and inter-professional education and practice. The mid-term review conducted in 2025 identified three additional objectives⁶ to further support the vision. These objectives are:

Objective 1: At least 24 placement days should be offered per minimum obligatory human resource information (MOHRI) FTE per year (Health Practitioner 3.2 and above).

Objective 2: A profession specific state-wide student placement assessment tool is used.

Objective 3: A universal student experience measure of all allied health student placements.

The achievement of these objectives will be supported by establishing profession-specific goals aligned with each objective, recognising that professions will be at different stages of progression. While varying phases of the progress are to be expected, all professions should actively work towards the objectives and regularly report on their progress.

7 Processes for managing clinical placements

7.1 Agreed and documented processes

Each profession has agreed, documented protocols and/or processes that guide the management of requesting, accepting, withdrawing, and cancelling of student placements within healthcare services. These protocols should also include information on payment for placements where these occur and how requests for additional placements from new entrants or existing education provider will be managed. Education providers, HHSs, and representatives from interprofessional initiatives are to engage with established statewide profession specific programs, processes and supports. This collaborative approach helps

reduce duplication, creates efficiencies, and streamlines administrative procedures associated with the establishment, preparation, and maintenance of clinical placements.

Statewide profession specific collaborations for placement capacity building contribute to the sustainability of placement provision within and across Queensland Health facilities and services. These collaborations enable the development of flexible and responsive communications, innovations, and resource sharing across and between professions⁷.

Central offers and allocation processes exist for physiotherapy and nutrition and dietetics, jointly determined by the HHSs and by the education providers. Additionally, central offer processes exist for speech pathology, social work and occupational therapy with placement allocation managed by the education providers.

Allocation and management processes for the allied health professions with known processes are shown in [Appendix 1](#).

7.2 Determining clinical placement capacity and placement offers

Clinical placement capacity relates to the maximum number of students able to undertake their clinical placement within a health service facility or service at any one time whilst maintaining the quality of the student learning experience and the quality and safety of clinical service delivery. Placement capacity can be considered at multiple levels including the capacity of individual clinicians or supervisors of a unit or service, and the capacity of the HHS. Placement capacity is subject to change and cannot be considered a static measure.

Clinical placement capacity and placement offers are influenced by many factors within a health service at any given time such as staffing mix, caseload, placement and education models and available infrastructure (see [Appendix 2](#)). There is no guarantee or expectation by either education providers or Queensland Health that HHSs will have sufficient capacity to meet all clinical placement requests – while HHSs are major providers of allied health clinical placements, they are not the sole provider of clinical placements.

When determining clinical placement capacity and placement offers HHS clinical placement providers:

1. Determine the capacity of individual work units for student placement provision considering the factors influencing clinical placement capacity as described in [Appendix 2](#) including service related and education model factors.
2. Consider historical capacity for placement provision (maintaining effort) and inherent (baseline) capacity for placement provision. As a guide at least 24 placement days should be offered per FTE per year (see [Glossary](#) for definitions). This estimate assumes that clinical education should be integrated into core business and should therefore represent approximately 10% of each allied health professional role. It is acknowledged that there will be some variation in the actual number of days that individuals contribute, as new graduates may provide fewer days, and in some professions dedicated clinical education positions may contribute and/or facilitate more than the average 24 days per year. HHS staff are encouraged to

Speak with their profession specific Program Manager for profession specific context to this guide.

3. Review placement capacity within the HHS collaboratively with the relevant statewide profession groups and the education providers at agreed intervals.

7.3 Distribution of available clinical placements

- Once clinical placement capacity has been determined for a specific period, offers of clinical placement opportunities are made to education providers.
- All professions should utilise the agreed and documented processes for offering, accepting, withdrawing, and cancelling of student placements to optimise clinical placement supply.
- Distribution of available clinical placement offers should be conducted through a transparent and equitable process that is made known to all parties.
- Information on placement offers is used by education providers to allocate student placements. Clinical placement providers may collaborate with the education providers on the process of allocation.
- Education providers should inform clinical placement providers of confirmed clinical placements that are no longer required as soon as possible. Where possible, there should be processes in place to enable reallocation of these un-utilised placement offers.
- Preference for available placements will be provided to:
 - Students from Queensland education providers
 - Students studying at interstate education providers where equivalent programs of study are not offered or only offered in small numbers in Queensland e.g., music therapy, clinical neuropsychology. Placements for students who are not Queensland residents and are studying at interstate education providers will only be offered where a current Student Placement Deed exists, and additional placement capacity is available to accommodate the placement.
 - Students who are Queensland residents but studying at interstate education providers
 - With consideration to profession specific processes and workforce priorities.
- Queensland Health supports compliance with the Student Placement Deed and as such requires the following:
 - Where unforeseen circumstances arise that may require cancellation of placements, clinical placement providers make reasonable attempts to provide alternative arrangements prior to cancelling the placement.
 - Clinical placement providers will honour placement offers and will not rescind placement offers without due cause.
 - Students should not approach or individually negotiate or renegotiate placements with clinical placement providers. Clinical placements must be arranged by the education provider in accordance with the procedures established by that profession for this purpose.

7.4 Payment for clinical placements

Providing clinical placements is a core responsibility of all allied health Queensland Health employees, and all HHSs have an inherent capacity to contribute to education of health professional students through the provision of professional-entry clinical placements.

It is acknowledged that there has been unprecedented growth in health professional student numbers and that for some allied health professions payment for placements is currently occurring. This occurs with the explicit intent to release additional capacity to accommodate the growth in student numbers and associated requests for additional placements where placement capacity had been reached.

Capacity is determined by the analysis of supply and demand for clinical placements and is considered to have been reached when the Health Service, the profession, and the education providers agree this is the case and the education providers have agreed to pay for placements to realise additional capacity.

The determination of payment for placements should occur through a transparent and equitable process, and in line with the requirements of profession specific agreements and protocols. Where required, each relevant profession will have an agreed consultative process for determining payments for clinical placements and this will be outlined in the Student Placement Schedule as the Student Placement Deed.

Where payment for placement is occurring, fees should be capped at an amount as agreed to via profession specific placement collaboratives as documented in Schedules. Payments can and should include in kind contributions such as supervisor training, research expertise and joint funded positions.

7.5 Accommodating growth in programs and/or the commencement of new programs

It is recognised that, at a university program level, planning typically occurs across a cycle of two to four years. Accommodation of placements within each cycle occurs within the limitations of unforeseen changes to placement provider capacity to provide those placements (e.g. significant reduction in workforce numbers, cessation of services).

When new programs commence or if there are increases in cohort numbers within existing programs:

- There is no obligation for HHSs to meet any increase in demand for student placements from existing university programs or new entrants.
- Prior to the introduction of a new program(s) or growth in intake for a current course requiring clinical placement opportunities within Queensland Health, education providers are advised to discuss the availability of clinical placement opportunities with representatives from Queensland Health who are directly involved with education and training (e.g., the relevant Program Manager). This should occur as early as possible in the course planning process.
- Reasonable new/additional clinical placement offers will only be provided where it is mutually agreed, and additional clinical placement capacity exists.

- Reasonable new/additional clinical placement offers may also be provided where there is identified workforce need, either on a geographic or profession basis and additional clinical placement capacity exists with the intent to address workforce supply needs.

7.6 First right of refusal for growth placements

Where educational institutions invest in growth placements, the placements will be considered supernumerary to any existing placement allocation processes and the education provider will have first right of refusal for those placements. First right of refusal in this instance means that the investing educational institution has the option to accept the associated growth placements prior to any other education provider.

Where education providers do not exercise first right of refusal, unallocated placements will be offered to other providers as part of usual placement allocation processes.

Profession agreements and protocols for offering and distributing clinical placement capacity should include the first right of refusal principle, as well as information on how growth in student numbers will be managed.

8 Related Documents

Additional information is available via the following resources:

- Queensland Health Careers: *Clinical Placements*. Available here: <https://www.careers.health.qld.gov.au/students-and-graduates/clinical-placements>
- Queensland Health Careers: *Student Placement Deed Holders*. Available here: <https://www.careers.health.qld.gov.au/students-and-graduates/clinical-placements/student-placement-deed-holders>
- Queensland Health Careers: *Student Information*. Available here: <https://www.careers.health.qld.gov.au/students-and-graduates/clinical-placements/students>
- Queensland Health Careers: *Contract Management*, including *Clinical placement program* and *Student Placement Deed*. Available here: <https://www.careers.health.qld.gov.au/students-and-graduates/clinical-placements/education-provider-information/contract-management>
- Queensland Health Careers: *Clinical Placement Resources*. Available here: <https://www.careers.health.qld.gov.au/students-and-graduates/clinical-placements/resources>
- Queensland Health, 2020: *Clinical Placement Program, Fees framework*. Available here: https://www.careers.health.qld.gov.au/_data/assets/pdf_file/0031/219586/clinical-placements-program-fees-framework.pdf
- Queensland Health: *Service agreements and deeds of amendment*. Available here: <https://www.health.qld.gov.au/system-governance/health-system/managing/agreements-deeds>

9 Glossary

Term	Definition/ Explanation/ Detail
Clinical placement	<p>A placement is for one student undertaking a pre-entry allied health clinical placement in a full-time or part-time capacity.</p> <p>Clinical placements:</p> <ul style="list-style-type: none"> • Are required to be completed by the Student in a Facility • Must be required as part of the student’s enrolment in a course or module of study provided by the education provider where the study forms part of pre-entry to a clinical health profession. • Excludes placements for research purposes (e.g., for a PhD or master’s degree). • Must have clear clinical capability and/or assessment outcomes. • Must include cumulative learning over successive days/week, with a minimum of five days. <p>Also known as field placements, fieldwork placements, clinical training, practice education².</p>
Clinical placement capacity	<p>Clinical placement capacity relates to the maximum number of students able to undertake their clinical placement within a health service facility or service at any one time whilst maintaining the quality of the student learning experiences and the quality and safety of clinical service delivery.</p> <p>Capacity can be considered at multiple levels including:</p> <ul style="list-style-type: none"> • Capacity of individual clinician or supervisor • Capacity of a unit or service • Capacity of a HHS. <p>Placement capacity is subject to change and cannot be considered a static measure.</p>
Clinical placement model	<p>As a result of professional-entry program requirements there is significant diversity in clinical placement approaches / models across allied health professions.</p> <p>These include but are not limited to:</p> <ul style="list-style-type: none"> • Apprenticeship/traditional: one clinical educator / supervisor to one student in any clinical setting (1:1) • Shared supervision / multiple mentoring / shared responsibility: multiple clinical educators work as a team to supervise a single or multiple students. • Collaborative: one clinical educator supervises two or more students with an emphasis on peer and self-directed learning • Role emerging: completed in a setting where clinical services are not currently provided, however potential exists for the role
Clinical placement provider	<p>The organisational unit of Queensland Health which is providing an opportunity for a clinical placement.</p>
Education provider	<p>The University, or registered training organisation responsible for providing the course or module of study to which the placement relates².</p>
FTE	<p>The number of full-time equivalent staff within a HHS for that profession or service and who meet profession-mandated requirements with regard to eligibility to undertake assessment /supervision of students on clinical placement.</p>

Growth placement	New placement experiences are developed (i.e. additional placement offers on top of a facility's baseline placement offers) as a direct result of an injection of University resourcing.
MOHRI	Minimum Obligatory Human Resource Information. MOHRI is the data Queensland Government agencies must provide for the Queensland public sector workforce profile report.
New graduate	Any clinician with less than 2 years' experience working within a HHS, whether this be in a designated 'New Graduate' position or not.
Professional-entry course (or pre-entry)	A course undertaken in a higher education facility in Australia at diploma, undergraduate, graduate-entry and postgraduate level, where the course is required for initial registration for, or qualification to, practice as a health professional in Australia.
Queensland Health Student Placement Deed	The Queensland Health legal framework for clinical placements in HHS facilities covers aspects such as insurance, indemnity, and obligations. NB: Mater Health Services has its own Student Deed with education providers
Queensland Health Student Placement Schedule	A planning and recording tool for clinical placements. The Student Placement Schedule ensures and documents that both parties have agreed to certain placement details. It is a legal requirement that a Schedule is completed for each placement (group) before students can commence a placement.

Appendix 1: Profession Specific Processes

The process for organising student clinical placements for each of the allied health professions have been described in the following section. Activities and governance groups are colour coded in the figures and flow charts below, with blue representing Queensland Health, green representing education providers and collaborative groups and yellow representing activities. Additional university groups may exist that are not indicated.

This information describes the processes and systems at the time of publishing.

NB: For more details regarding the process for organising placements for professions not identified in the following list, please contact AH_CETU@health.qld.gov.au

Audiology

The University of Queensland (UQ) is the only university within Queensland with an audiology program requiring pre-entry student placements.

Clinical placement groups

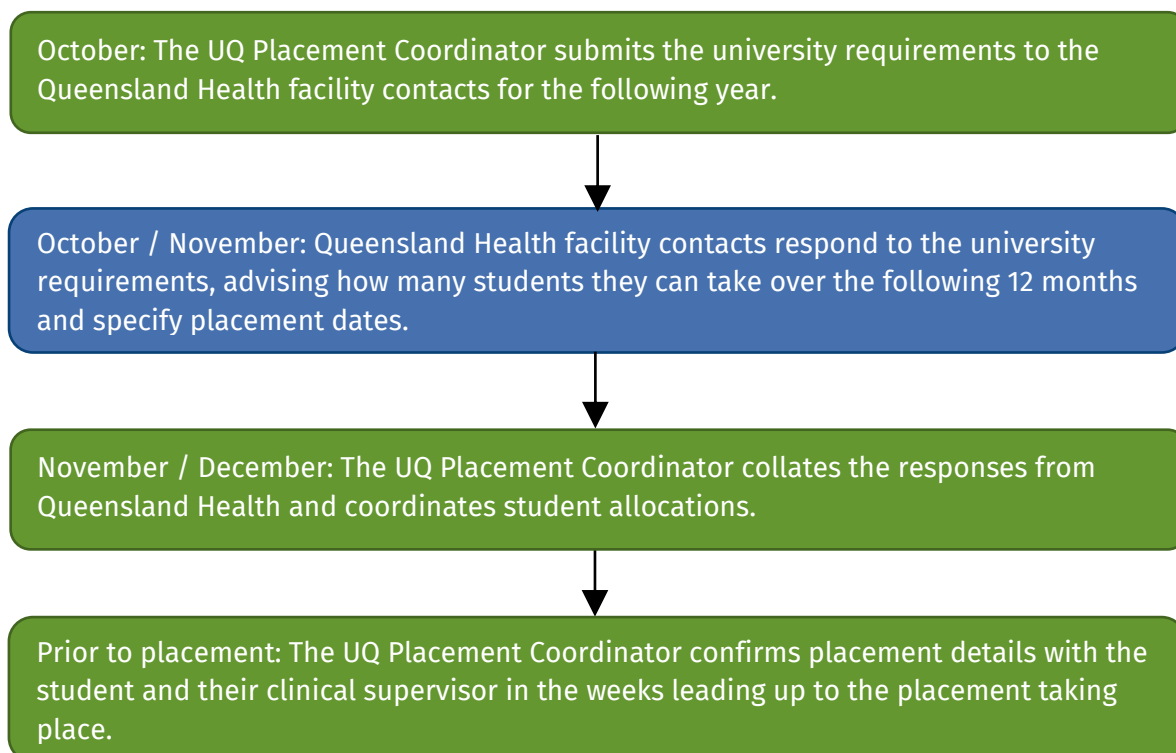
There are no dedicated collaborative groups for the allocation and coordination of audiology clinical placements, however support is provided by the Queensland Health Directors of Audiology, the Audiology Governance Group, and the Audiology Clinical Education Working Group.

Clinical placement allocation process

Offers are requested once per calendar year through a centrally coordinated offers process managed by the UQ Placement Coordinator. The UQ Placement Coordinator is the central point of contact for UQ and Queensland Health staff regarding audiology clinical placements within Queensland public health facilities. See Figure 2 below.

Universities outside Queensland may request placements on an ad hoc basis, by contacting the Statewide Clinical Education Facilitator role (Jillian.Sellars@health.qld.gov.au). Requests for placements should ideally be received six months prior to the requested placement date. Processes for placement allocations of interstate universities will be negotiated between the Statewide Clinical Education Facilitator role, hosting site, and the education provider.

Figure 2. Queensland Health audiology placement process



Clinical Measurements / Clinical Physiology

The terms Clinical Measurements and Clinical Physiology encompass cardiac sciences, neurophysiology, respiratory sciences, sleep sciences, vascular ultrasound, urology, heart valve bank and critical care science.

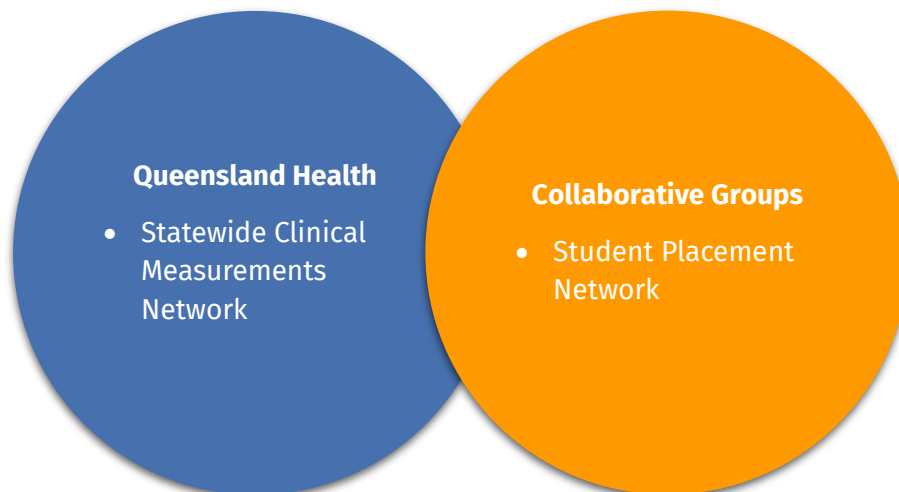
Individual student placement offers are managed directly between the university and Queensland Health facilities. Communication is via the department director or service lead.

In addition, twice yearly, a centralised process occurs to identify any unutilised placement offers. This process is managed by the Chair of the Student Placement Network (SPN). The SPN Chair is the central point of contact for formal communication regarding clinical measurements / clinical physiology placements within Queensland public health facilities.

Clinical placement groups

The statewide clinical measurements network and collaborative groups for student placements are presented in Figure 3 below. Membership of the SPN includes universities requesting placements in clinical measurements / clinical physiology.

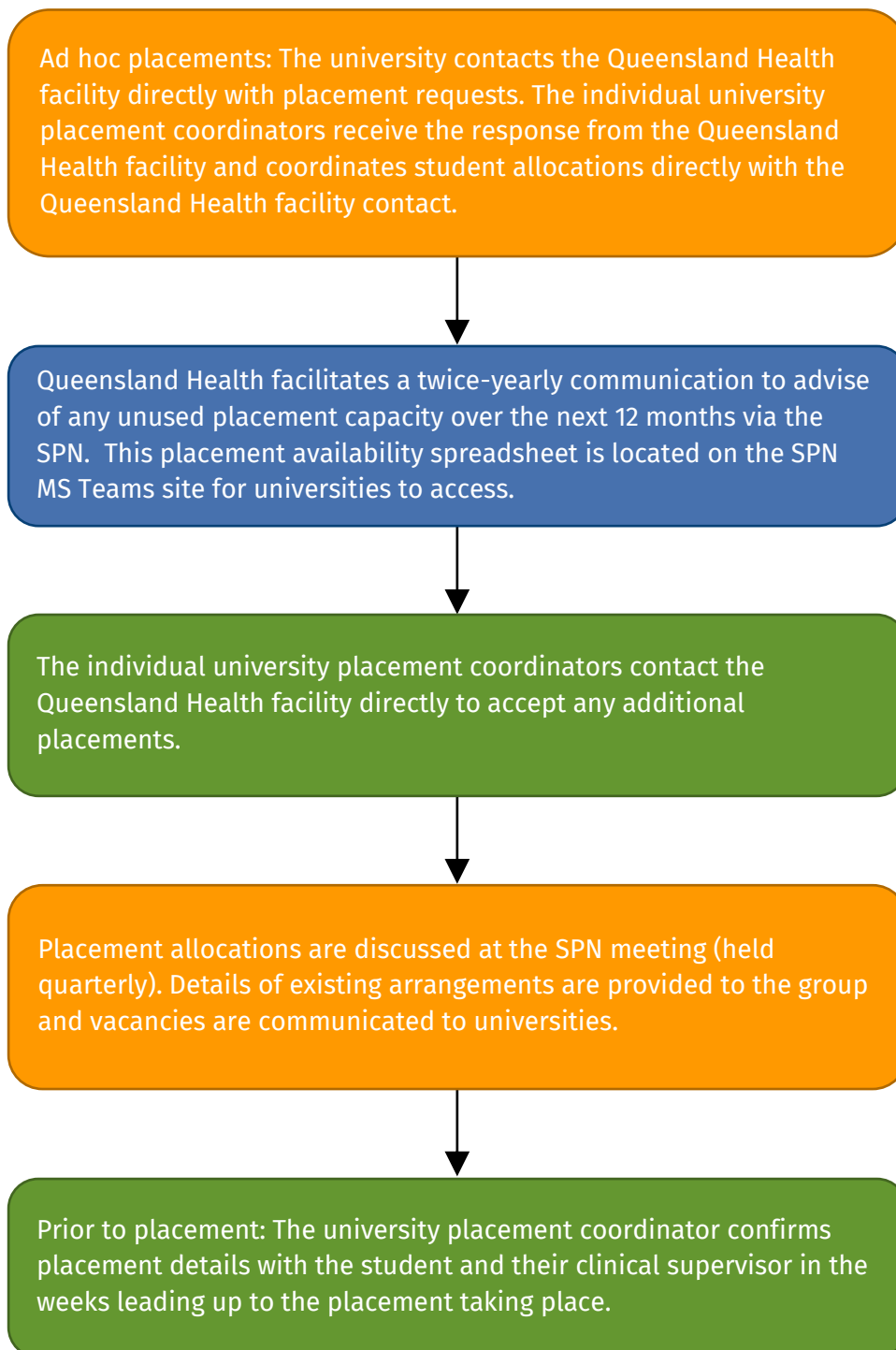
Figure 3. Queensland Health and collaborative groups for clinical measurements



Clinical placement allocation process

The clinical measurement student placement process (Figure 4) continues throughout the year as university requirements and hospital capacity vary.

Figure 4. Clinical measurements placement process



Exercise physiology

At present, full time exercise physiology student placement offers are requested once per calendar year through a centrally coordinated offers process managed by the Clinical Exercise Physiology University Collaborative (CEPUC) and Exercise Physiology Clinical Education Facilitator (EPCEF).

The CEPUC is the point of contact for university staff regarding exercise physiology placements in Queensland. The EPCEF is the central point of contact for Queensland Health staff regarding exercise physiology placements within Queensland public health facilities.

Education providers requesting Queensland Health EP placements are members of the CEPUC. A Central Allocation Process (CAP) allows for equitable and transparent management of supply and demand of EP clinical placements in Queensland Health.

Requests for clinical placements are facilitated once per calendar year by the EPCEF. The EPCEF is the central and primary point of contact for Queensland Health staff and members of the CEPUC regarding exercise physiology placements within Queensland public health facilities. The EPCEF facilitates Schedule 3's for all placement sites and is nominated as a Facility Contact Person for all Schedule 3's.

Clinical placement groups

The CEPUC is the central point of coordination for pre-entry exercise physiology student placements, as shown in Figure 5.

Figure 5. University sector groups for exercise physiology

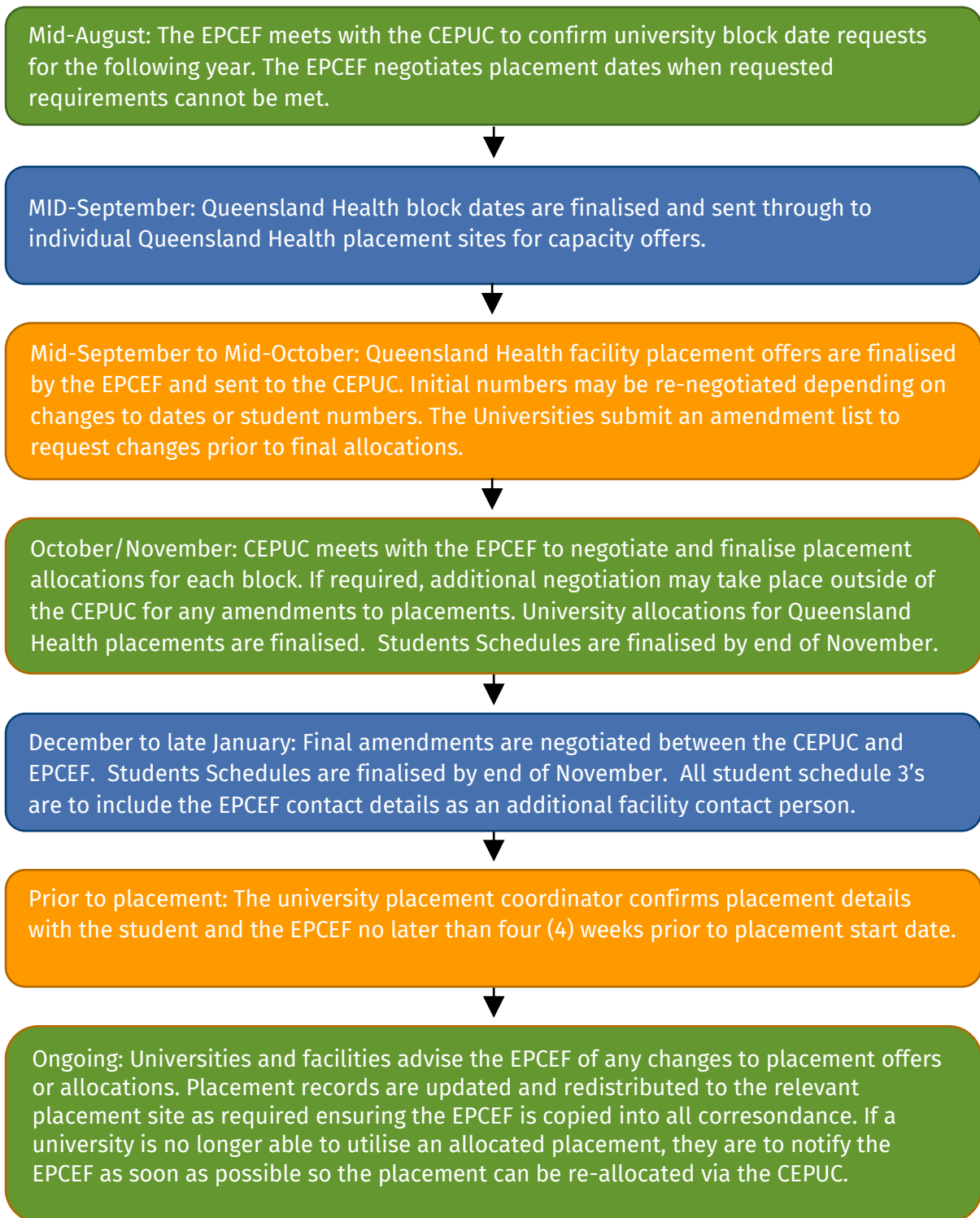


Clinical placement allocation process

All Queensland Health exercise physiology clinical placements are offered, allocated and coordinated centrally through the CAP via the CEPUC. There is an agreement between Queensland Health and the CEPUC that placement length and starting dates are uniform across all sites.

During negotiations, the number of placements each university is eligible to select is calculated based off predicted enrolment numbers for the subsequent year.

Figure 6. Exercise physiology placement process



Medical Radiation Professions and Sonography

Student placement offers are managed directly between the university and Queensland Health facilities for medical radiation professions and sonography. Communication is via the clinical educator; department lead or student supervisor.

Medical Radiation Professions

Medical Radiation Practitioners is the formal classification used to describe Radiographer's, Radiation Therapist's, and Nuclear Medicine Technologist's/Scientist's.

To meet the Medical Radiation Practice Board of Australia (MRPBA) accreditation standards for medical radiation practice it is a requirement for education providers to ensure the quality, quantity, duration, and diversity of student experience during clinical placement in the program is sufficient to produce a graduate who has demonstrated the knowledge, skills, and professional attributes to practise across a broad range of medical radiation practice settings safely and competently.

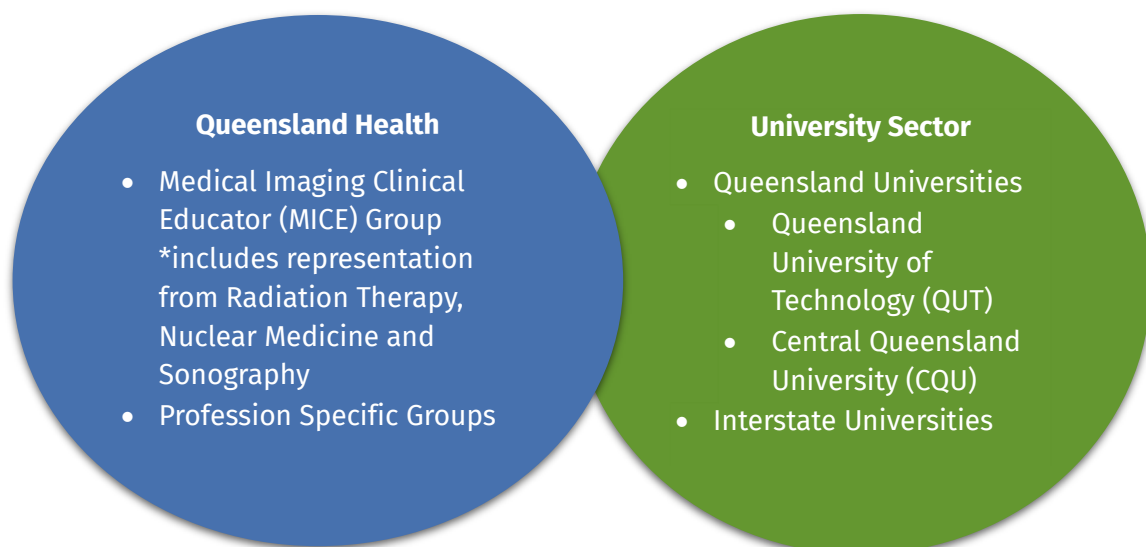
Sonography

There has been significant change in the landscape of education and training for Sonography over the past 15 years including the introduction of an entry-level (AQF Level 8) pathway.

To meet the Australian Sonographers Accreditation Registry (ASAR) Standards for the Accreditation of Sonographer Courses it is a requirement for education providers to ensure students are provided with facilities, support, and resources sufficient in quality and quantity to enable the attainment of the required graduate competency outcomes.

Clinical placement groups

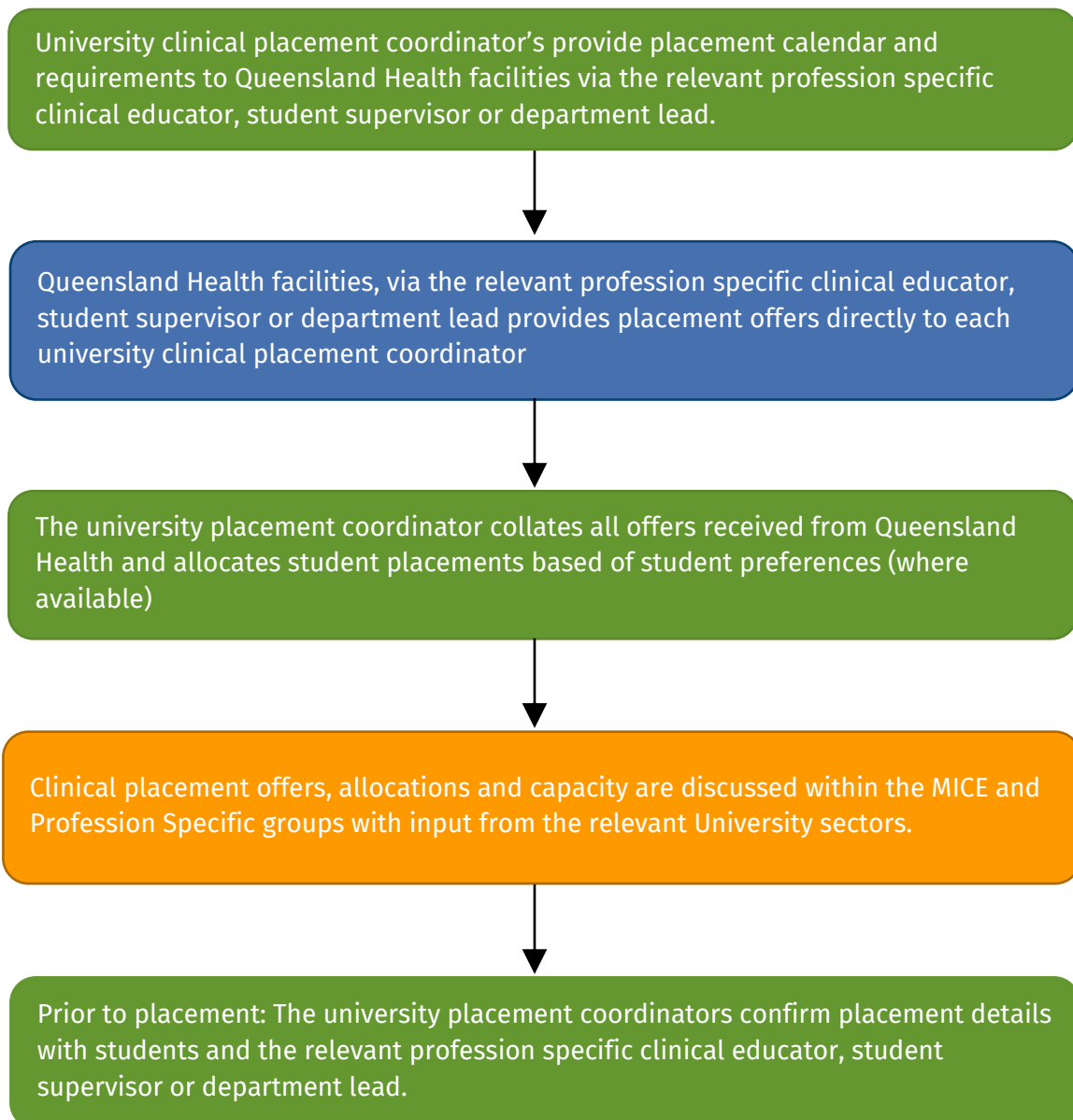
Figure 7. Queensland Health and University Sector for Medical Radiation Professions and Sonography



Clinical placement allocation process

The allocation of clinical placements is managed by the specific professions between the university and the Queensland Health facility as described in Figure 8 with the exception of the newly established *Nuclear Medicine Scientist-Embedded Education Program*.

Figure 8. Medical Radiation Professions and Sonography placement process



Music therapy

Music therapy offers are requested twice per calendar year through a centrally coordinated offers process managed by the Music Therapy Clinical Education Support Officer (CESO) based at the Princess Alexandra Hospital, Metro South HHS. The Music Therapy CESO is a central point of contact for university staff and Queensland Health staff regarding music therapy clinical placements within Queensland Health facilities.

Clinical placement groups and communication pathways

There are no dedicated governance or collaborative groups for the discussion of music therapy clinical placements. All communication regarding music therapy clinical placements is managed by the Music Therapy CESO. The statewide Music Therapy profession specific group provides support to the Music Therapy CESO.

No Queensland universities offer music therapy programs. Queensland Health provides music therapy placements for students from:

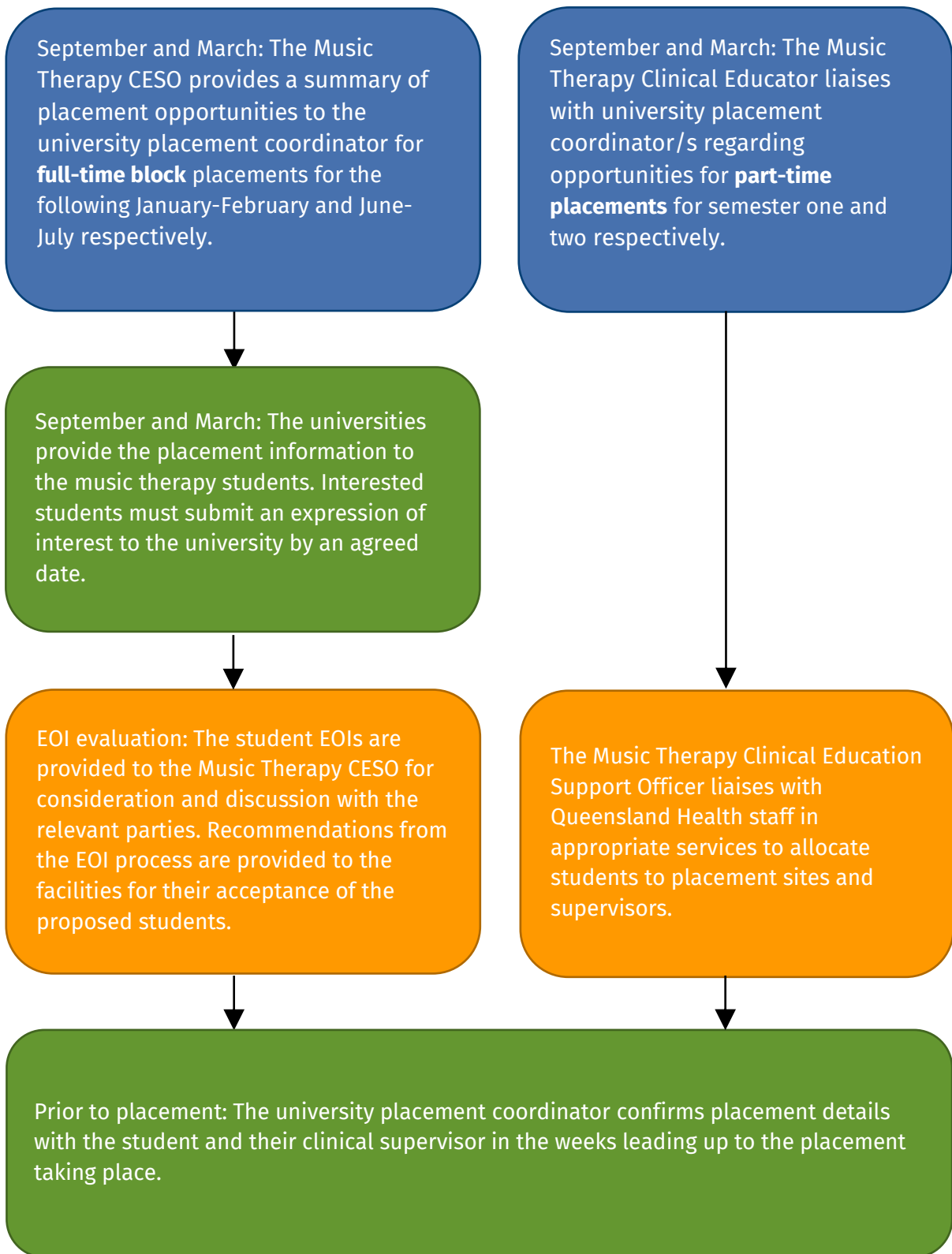
- The University of Melbourne
- Western Sydney University

Clinical placement allocation process

The Music Therapy CESO maintains a register of potential Queensland Health placement sites. Queensland Health music therapy placement correspondence is managed through a central email address Music_Therapy_Clinical_Ed@health.qld.gov.au.

The process for the allocation of music therapy placements is shown in Figure 9.

Figure 9. Music therapy placements



Nutrition and Dietetics

To meet the Dietitians Australia Accreditation Standards for Dietetics Education Programs, nutrition and dietetic students must be provided with a variety of workplace learning experiences that reflect socioecological approaches to health, major health priorities and the broad landscape of dietetic practice. Typically, these placements occur under four domains: medical nutrition therapy (MNT), food services management (FSM), community and public health nutrition (CPHN) and research. Increasingly, Education Providers are moving towards innovative and flexible placement models that blend these traditional domains of practice.

All nutrition and dietetic placements are coordinated through a centralised allocation process (CAP) which is managed by the Statewide Program Manager – Nutrition and Dietetics (the Program Manager). The CAP allows for the equitable allocation of student placements across the five Queensland Education Providers, taking into consideration the geographical spread of student placement offers across the state.

Clinical placement governance groups

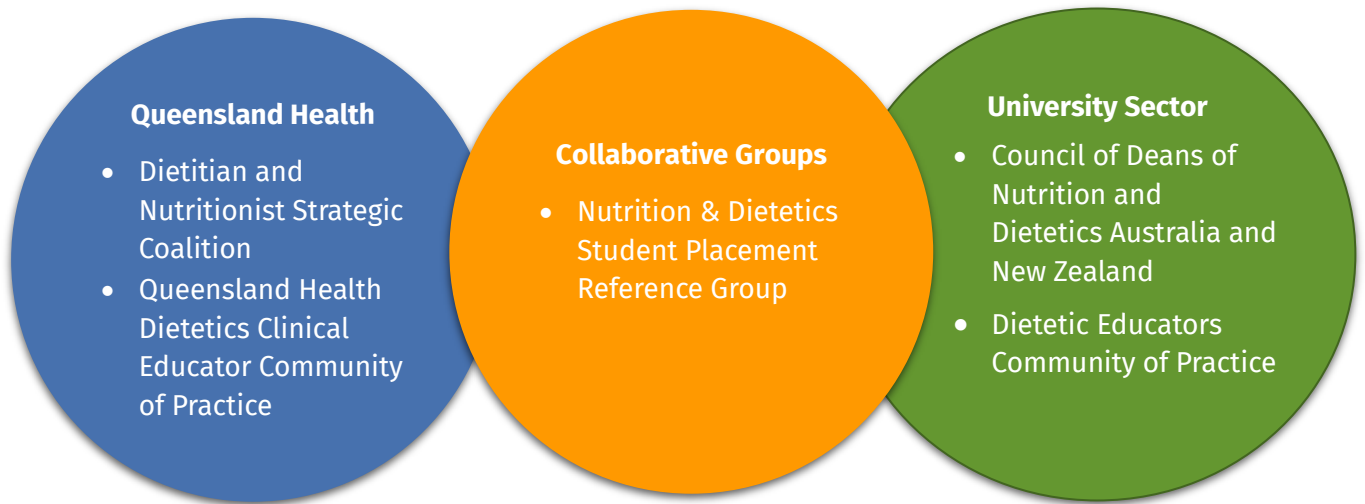
The Dietitian Nutritionist Strategic Coalition (DNSC) provides a statewide forum to network, share information on key issues and implement collaborative projects, including issues relating to clinical education, training, and workforce development. Membership includes Directors of Dietetics/Service Leads from all Queensland Health and Mater facilities, the Program Manager and Heads of Program from the five Queensland Education Providers offering Nutrition and Dietetic programs (Bond, Griffith, Queensland University of Technology, University of Sunshine Coast, University of Queensland).

The Student Placement Reference Group (SPRG) is a permanent subcommittee of the DNSC and provides the overarching governance for student placements within nutrition and dietetics. The SPRG includes a DNSC Co-Chair, the Program Manager, a Head of Program (or delegate) from each Education Provider, and a corresponding Queensland Health Director of Dietetics/Service Lead representing each Education Provider's student placement sites.

The SPRG Terms of Agreement (the Agreement) outlines the expectations and responsibilities of Queensland Health and Education Providers with regards to their commitment to support nutrition and dietetics clinical education placements within Queensland Health facilities. The Agreement is reviewed every second year in line with the SPRG Terms of Reference.

As part of the Agreement, Education Providers have agreed to provide financial support for each student who attends placement at a Queensland Health facility. This fee may be comprised of an in-kind and cash payment as negotiated by the Director of Dietetics/Service Lead and Education Provider. The primary objective and Education Provider expectation is that this resource will be used to improve the quality of, and capacity for, nutrition and dietetic placements within Queensland Health facilities.

Figure 10. Queensland Health and collaborative groups for nutrition and dietetics placements



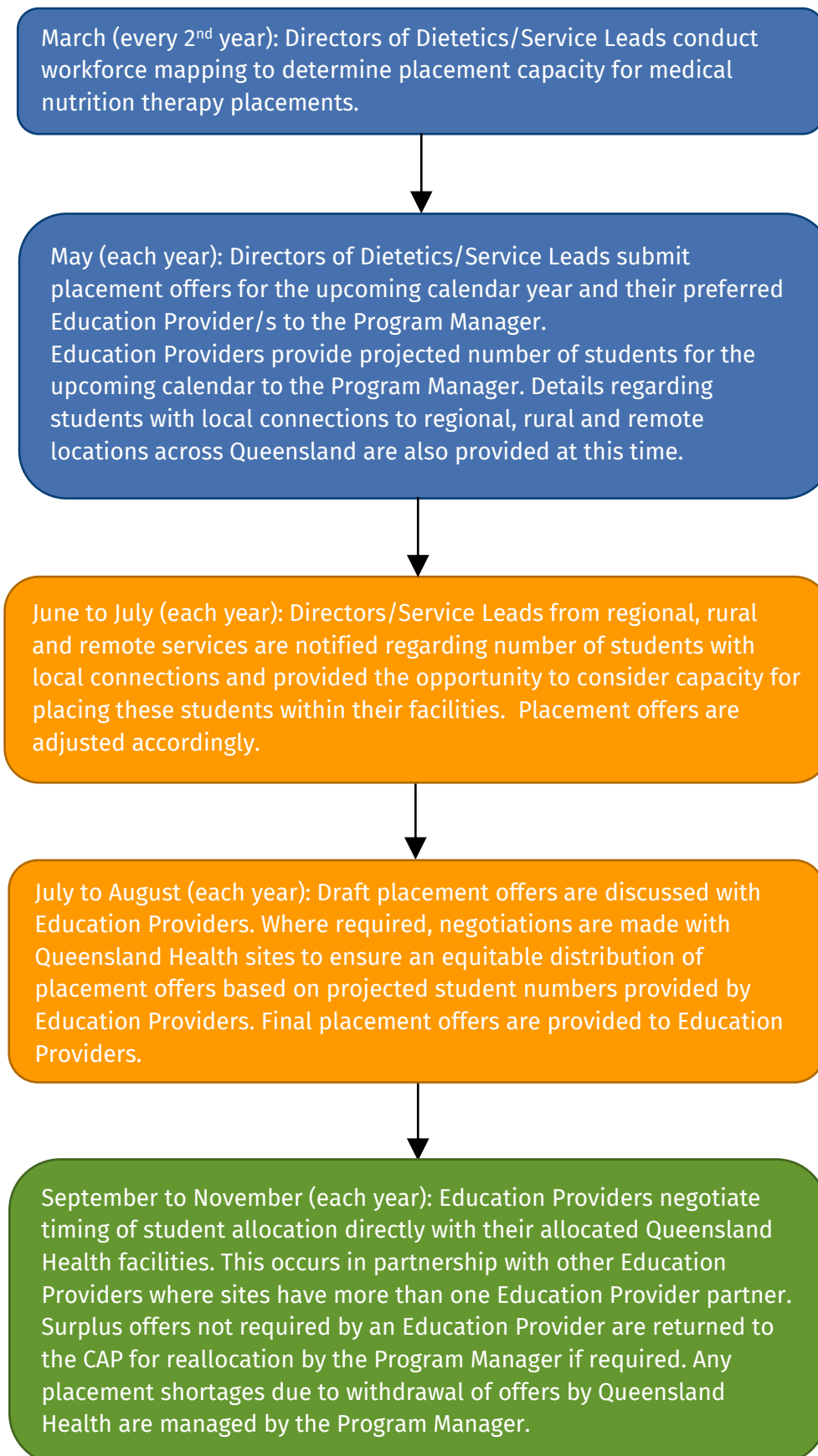
Clinical placement allocation process

Nutrition and Dietetic placements are allocated using a defined and collaborative process (Figure 10), with input from Directors of Dietetics/Service Leads and Education Providers via the SPRG. Placement offers are distributed equitably based on the projected student numbers provided by Education Providers. Attempts will be made by regional, rural, and remote Queensland Health facilities to place students with local connections (i.e. close family and friends who can provide accommodation and social supports) based on information provided by Education Providers during the offers process.

For medical nutrition therapy, the DNSC has a target of 50 days per available clinical dietetic FTE. This is due to the higher requirement from Education Providers for this placement type. 'Available clinical FTE' denotes the part of a dietitian's workload focused on clinical duties, excluding management, food service, and research activities.

A fixed ratio is not applicable to food services, community and public health nutrition, or research placements, as supervision capacity and project availability differ by location. Offers are determined by the Director of Dietetics/Service Lead, considering workforce capacity, skill levels, and the suitability of projects in relation to Education Provider requirements.

Figure 11. Nutrition and dietetics placement allocation process



Occupational therapy

Occupational therapy (OT) student placements offers and allocation for longer block student placements (5 weeks or more), are managed by OT Futures through a collaborative and standardised process twice yearly. This process is managed by university placement staff and enables the management of supply and demand while supporting the capacity of the Queensland-based OT workforce for clinical education activities. Whilst there is a schedule of dates and associated action for each 6 month period, due to the need to accommodate changes in student needs and university OT program progression, universities will accept or call for placement offers at any time.

University requests for shorter clinical placements (less than 5 weeks) are made outside of the collaborative and standardised process. Each individual university program manages these practice education experiences and communications occur directly between the university partner and occupational therapy Queensland Health Clinical Education Support Officers (CESO) within each HHS.

Clinical placement groups

The occupational therapy profession has a long-standing placement collaborative (OT Futures) with each of the universities offering Occupational Therapy Programs partnering to drive placement growth and quality. OT futures strives to integrate professional leadership among universities, professional bodies, major employers, and individual occupational therapists to meet demand and progress quality and sustainability of occupational therapy placement experiences in Queensland.

The OT Futures membership consists of OT University Program Heads and employing industry representatives (including the Queensland Health Statewide Clinical Education Program Manager (Occupational Therapy) and representative of the OT National professional association (OT Australia). Representatives of the OT Futures placement staff sub-committee are also members of OT Futures.

The Queensland Health Occupational Therapy Clinical Education Advisory and Reference Group (CEARG) is the overarching advisory and reference group for OT clinical education in Queensland Health. A representative of OT Futures is a member of the CEARG. Queensland Health, university, and collaborative groups are shown in Figure 12 below.

Figure 12. Queensland Health, university, and collaborative groups for occupational therapy

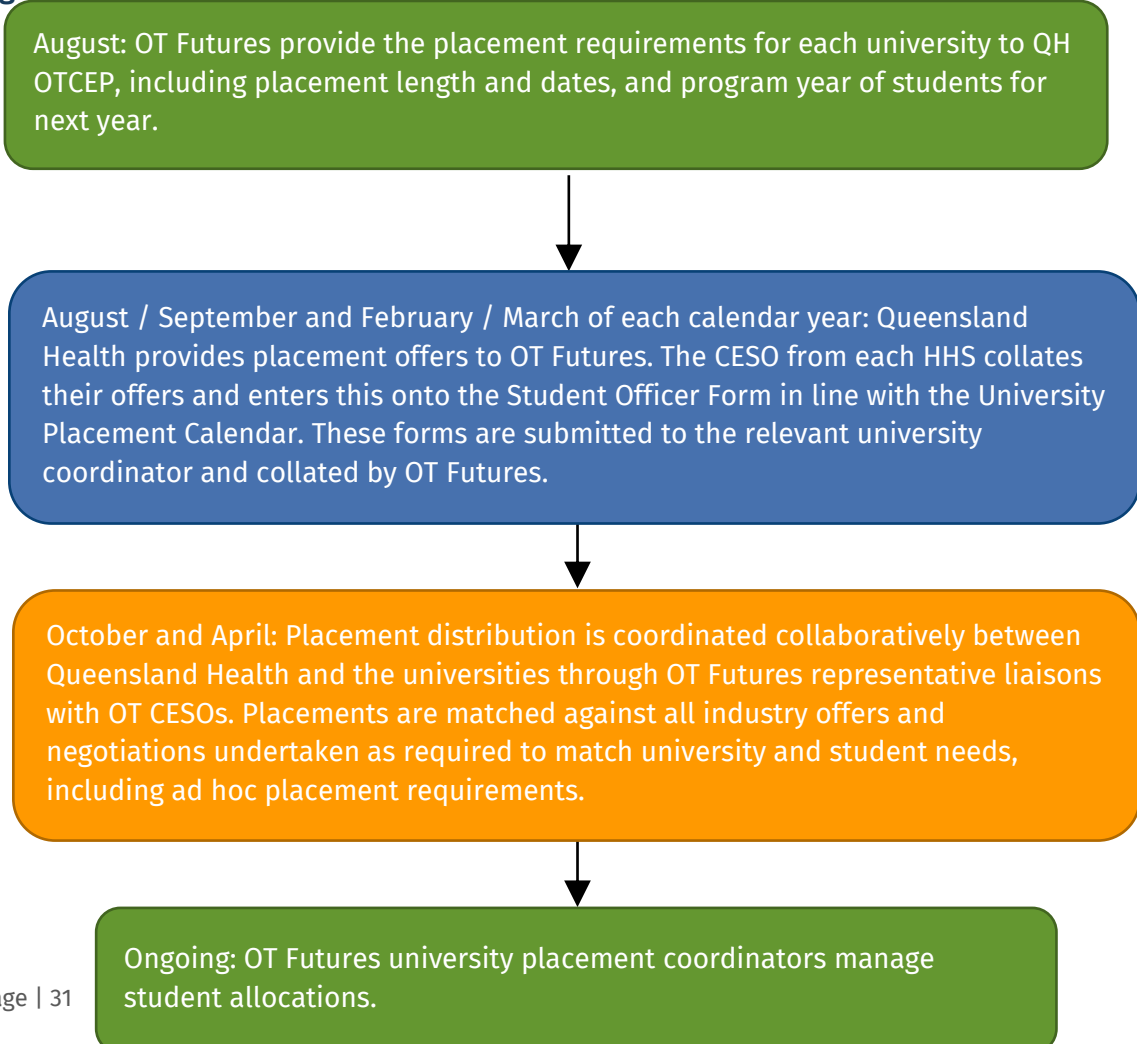


Clinical placement allocation process

Longer block placements are coordinated centrally through OT Futures who provide an Occupational Therapy Student Offer Form and Placement Calendar biannually.

To support placement management across the state, each university coordinator is allocated specific HHSs to manage and represents all universities when coordinating placements with these sites.

Figure 13. Occupational therapy placement process for long block placements



Orthoptics

Orthoptic placements are managed directly between the university and Queensland Health facilities.

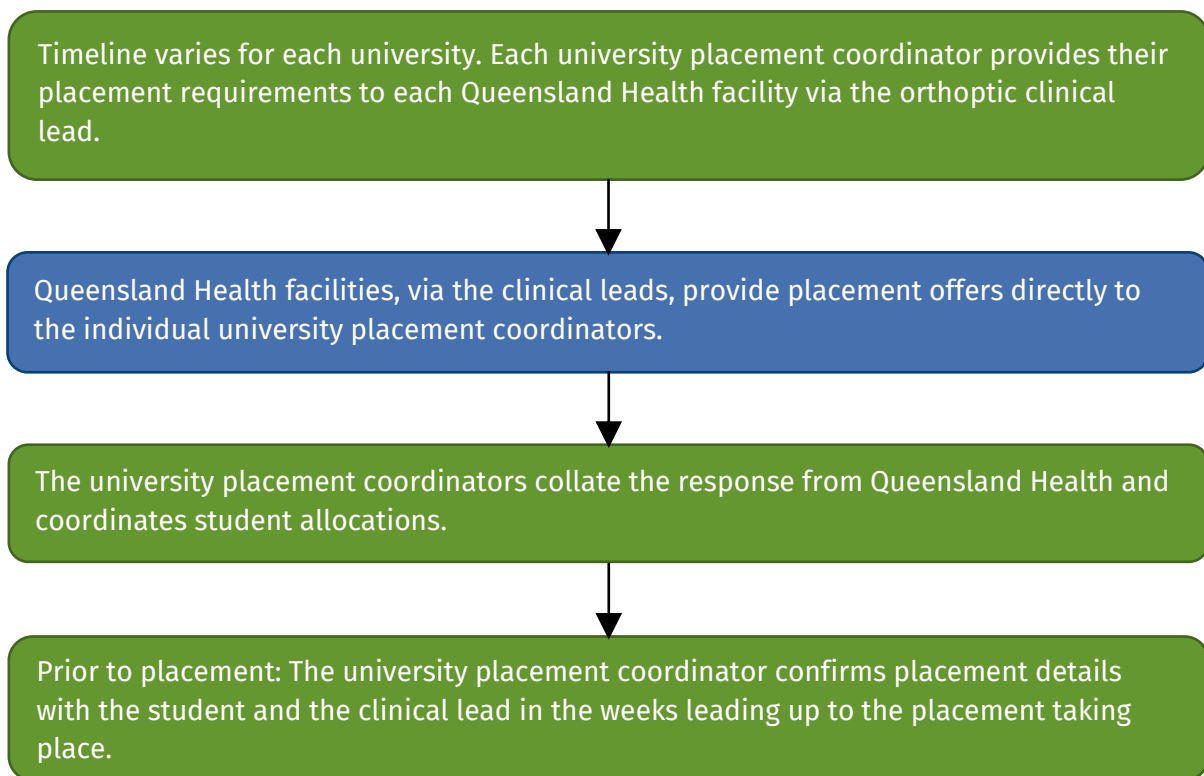
Clinical placement groups

Orthoptic education providers are located interstate, with a small number of orthoptic student placements provided within Queensland Health. As there are no orthoptic clinical educator positions within HHSs, orthoptist clinical leaders take an active role in the organisation of student placements. Directors of Ophthalmology provide support for orthoptic clinical education.

Clinical placement allocation process

Allocation of orthoptic student placements is arranged directly each year between university coordinators and clinical leads at each facility, as shown in Figure 14 below.

Figure 14. Orthoptic placement process



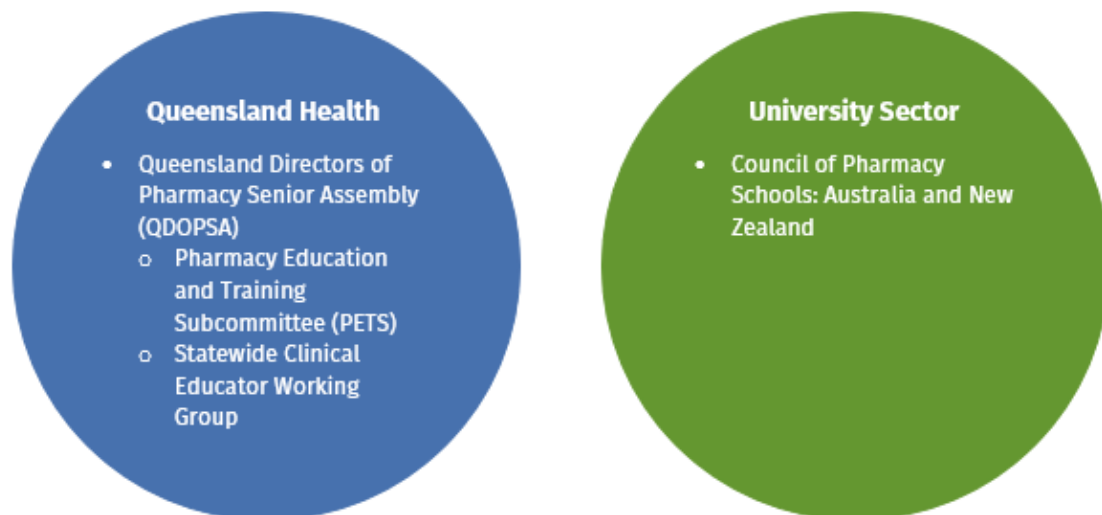
Pharmacy

Pharmacy placements are managed directly between the university and Queensland Health facilities.

Clinical placement groups

There are no formal collaborative groups between the university sector and Queensland Health HHSs to manage student placements. However, the Pharmacy Education and Training Subcommittee (PETS) includes invited representatives from all university pharmacy education providers in Queensland (Figure 15). Activities of the subcommittee involve review of clinical placement activity data, monitoring placement demand and capacity, and alignment of workplace-based assessment tools.

Figure 15 Queensland Health and university groups for pharmacy

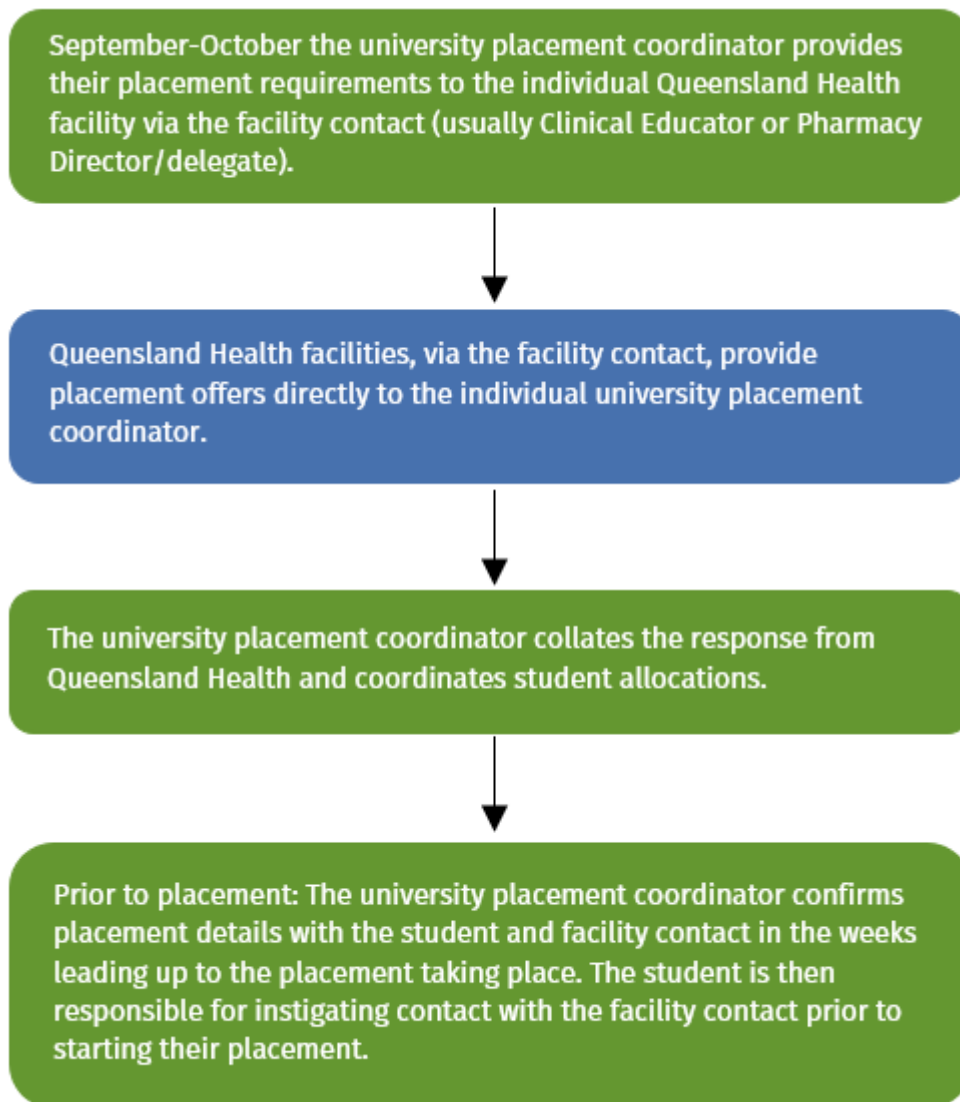


Clinical placement allocation process

Placements are organised directly between university placement coordinators and Queensland Health facilities and services (Figure 16). Facility-based clinical educators take a lead role within Queensland Health in the organisation of student placements at larger sites. The Director of Pharmacy or delegate is usually the contact at smaller sites.

Universities contact individual sites between September and October to identify placement offers for the following 12 months.

Figure 16. Pharmacy placement process



Physiotherapy

Physiotherapy clinical placements are coordinated by the Queensland Physiotherapy Placement Collaborative (QPPC) through a Central Allocation Process (CAP) which allows for the fair, equitable and transparent management of supply and demand, reporting of quality data in relation to clinical placements, and evaluation of data and processes to build capacity and refine placement methodology.

The [Physiotherapy Pre-registration Clinical Placement Agreement](#) (the Agreement) outlines the expectations of Queensland Health and Queensland university partners with regards to their commitment to support physiotherapy clinical placements within Queensland Health facilities. The content of the Agreement was agreed upon by representatives of Queensland university partners and representatives from Queensland Health. All parties have an in-principle agreement that the content of the Agreement is for three years (the current agreement is from 2023-2025). The Agreement, however, is implemented and executed annually and included as part of the physiotherapy student schedules. All HHSs are to support the provision of placements for physiotherapy pre-entry students by the QPCC via the Physiotherapy Pre-registration Clinical Placement Agreement.

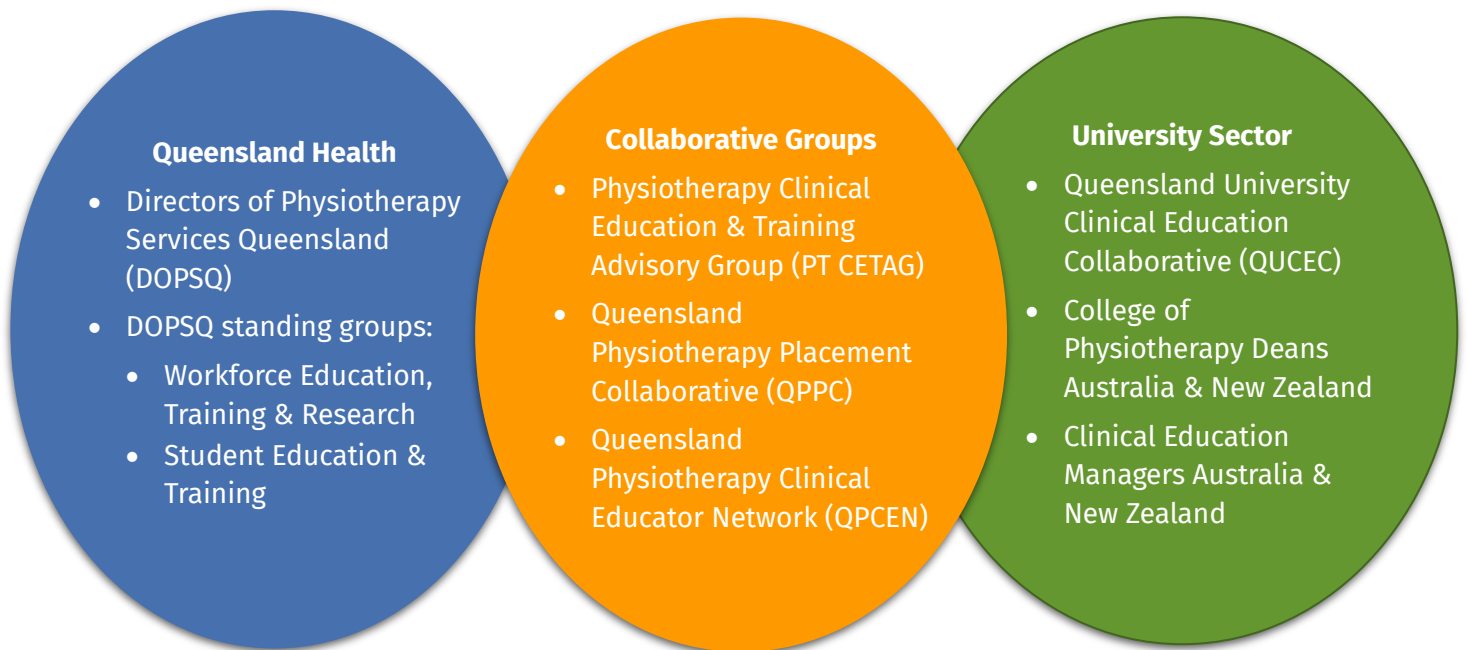
As per the Agreement, all Queensland universities have agreed to provide financial support for each placement that is provided at Queensland Health facilities as well as in-kind support. The primary objective of this financial support is to increase the capacity for, and quality of, physiotherapy clinical education placements within Queensland Health, aligned to the Student Placement Deed Framework. This funding provides for a dedicated coordinator to manage Queensland Health physiotherapy placements, additional clinical educator positions in the HHSs to build placement capacity, and a range of quality initiatives including supporting resources, professional development, clinical education research, and quality improvement projects.

Clinical placement groups

As outlined in the Physiotherapy Pre-registration Clinical Placement Agreement, Queensland health provides a minimum of 1350 physiotherapy pre-entry placements per year (6750 student weeks). These placements are allocated using a defined and collaborative process, co-designed by Queensland Health and university representatives via the Queensland Physiotherapy Placement Collaborative.

Other collaborative groups include the Physiotherapy Clinical Education and Training Advisory Group and the Queensland Physiotherapy Clinical Educator Network.

Figure 17. Queensland Health, university, and collaborative groups for physiotherapy



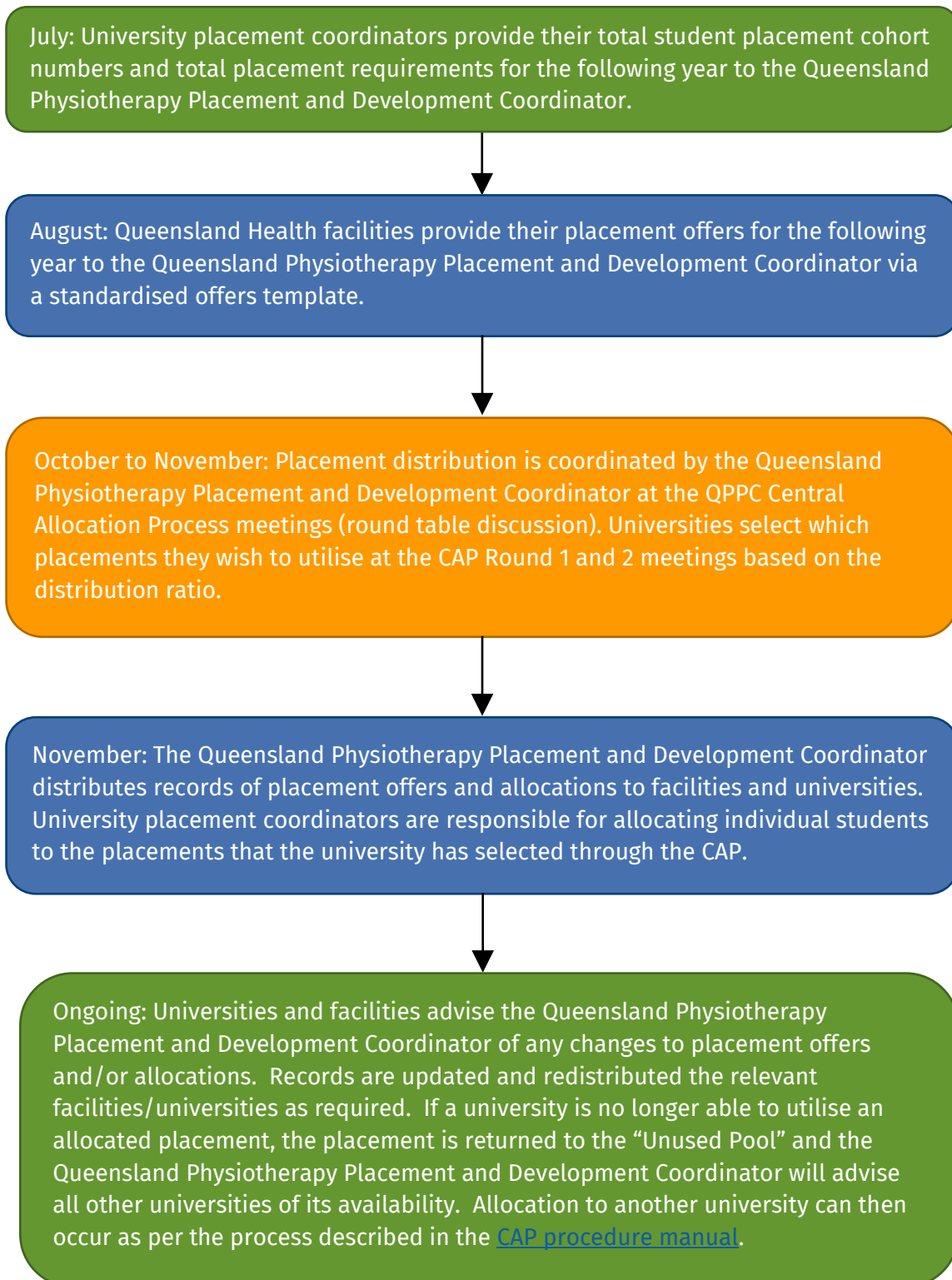
Clinical placement allocation process

All Queensland Health physiotherapy clinical placements are offered and allocated centrally through the CAP via the QPPC (Figure 17). There is agreement between parties to a uniform placement length, uniform placement starting dates, a standardised assessment instrument, continuation/refinement of the CAP, reporting and evaluation of data and quality processes.

The CAP allows for the fair, equitable, and transparent allocation of physiotherapy clinical placements to all Queensland universities offering physiotherapy programs, negating competition for placements. During negotiations, the number of placements each university is eligible to select is calculated using a distribution ratio to ensure equitable distribution of placements for each clinical area.

The information provided by Queensland Health facilities regarding their placement offers includes the placement demographics including the expected primary case mix, clinical area, life span, and setting to allow universities to select the placements they would like to utilise within their program; and map clinical placement experiences to the accreditation requirements identified by the Australian Physiotherapy Council.

Figure 18. Physiotherapy placement process



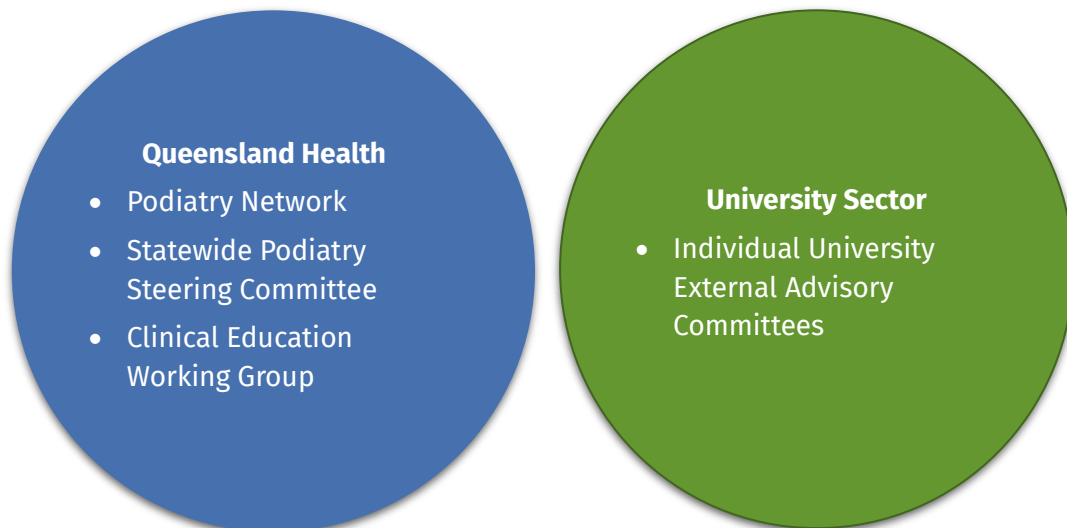
Podiatry

Podiatry clinical placements are managed in collaboration between Queensland Health Podiatry Clinical Educators and university placement coordinators via a centralised offers process.

Clinical placement groups

Currently, there are no formal collaborative groups between the university sector and Queensland HHSs to address student placements (Figure 19). However, a University Engagement Forum may be hosted from time to time to collaborate with education providers, monitor student placement activities including the equity of placements, uniform evaluation forms and consistency of placement administration.

Figure 19. Queensland Health and university groups for podiatry

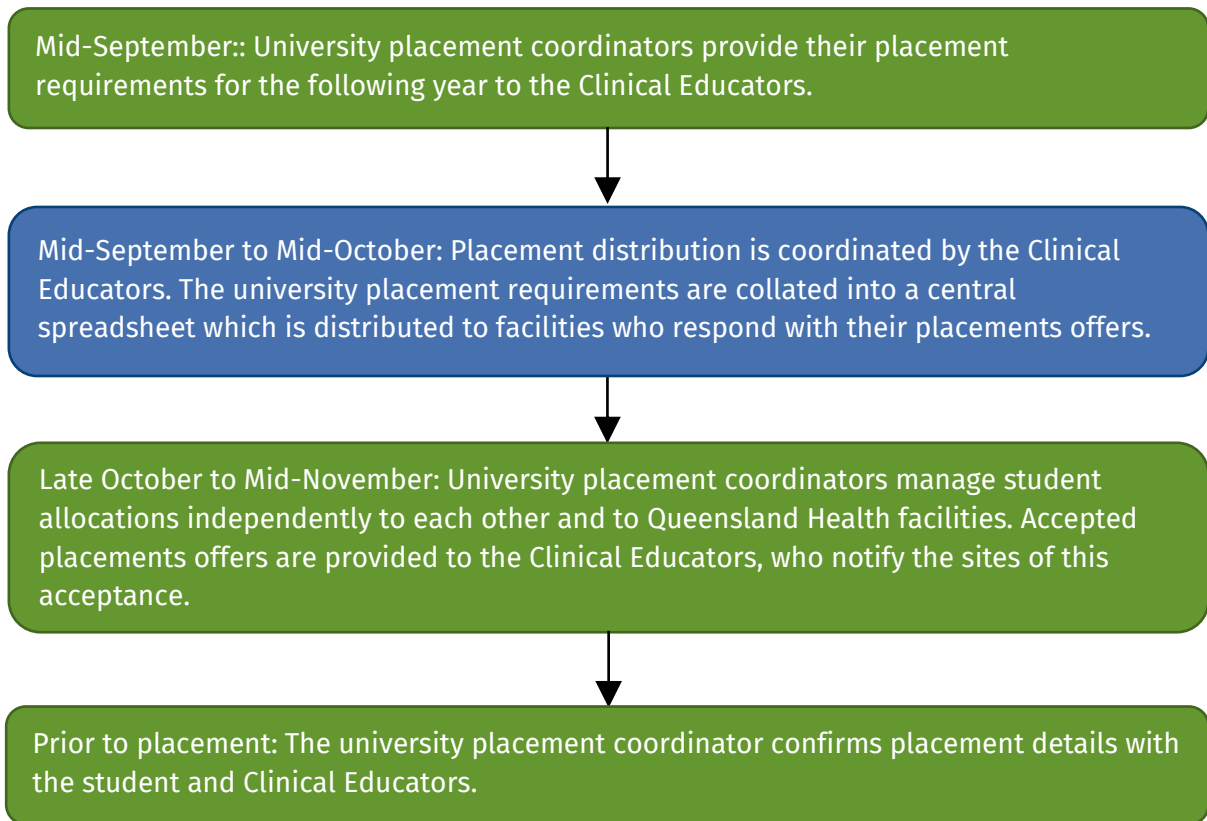


Clinical placement allocation process

All placement requests and offers are documented centrally by the Clinical Education Support Officers (CESOs) based at Metro North and Central Queensland HHSs.

Ad hoc requests may be made outside of the specified time periods and are managed directly between the CESOs and appropriate university placement coordinator.

Figure 20. Podiatry placement process



Prosthetics and Orthotics

Prosthetics and orthotics placements are managed directly between the university and the Queensland Health placement facilities.

Clinical placement groups

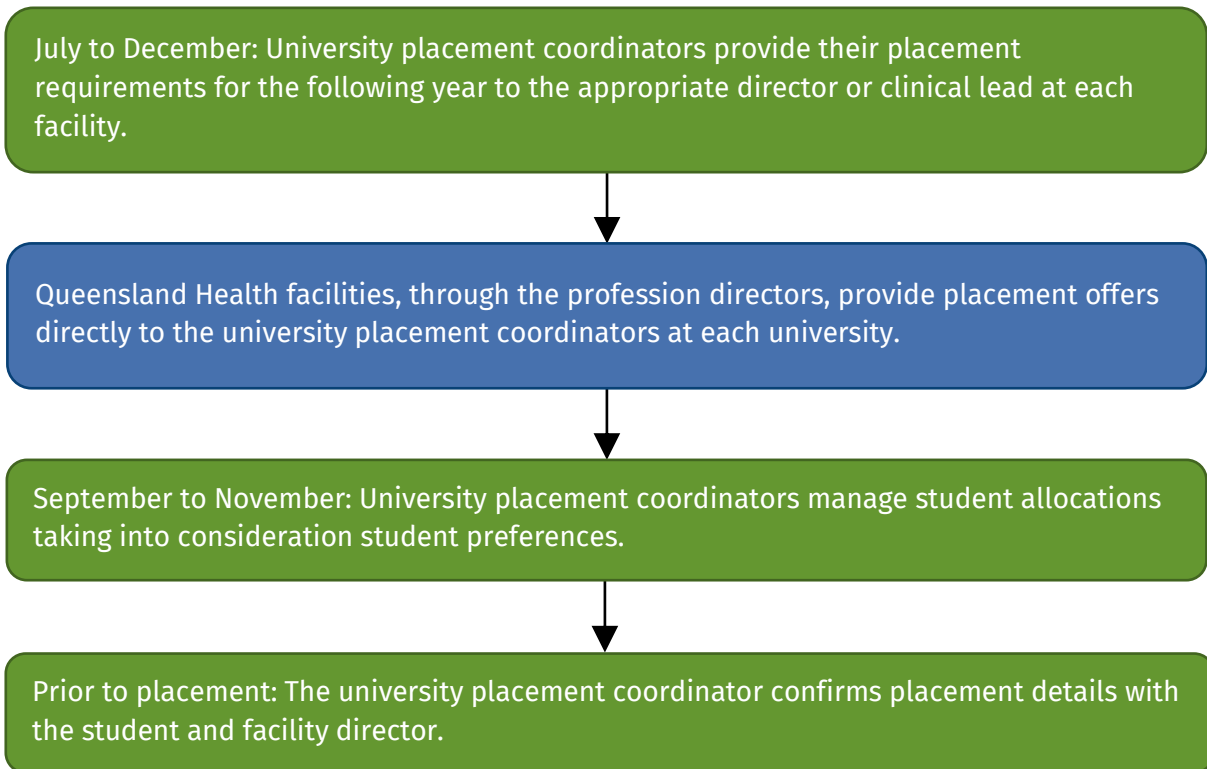
There are no prosthetic and orthotic clinical educator positions within Queensland Health. The relevant director or clinical lead takes an active role in the organisation of student placements. Directors or clinical leads responsible for prosthetic and orthotics services may be from a different health profession.

Clinical placement allocation process

Currently two universities in Australia offer prosthetics and orthotics programs, with one of these universities located within Queensland. Due to the small number of student placements, communication regarding student placements takes place directly between the university placement coordinators and the responsible director or clinical lead at each facility.

Queensland Health allocates a host facility for recipients of the prosthetics and orthotics scholarships for their final year placement.

Figure 21. Prosthetic and orthotic placement process



Psychology

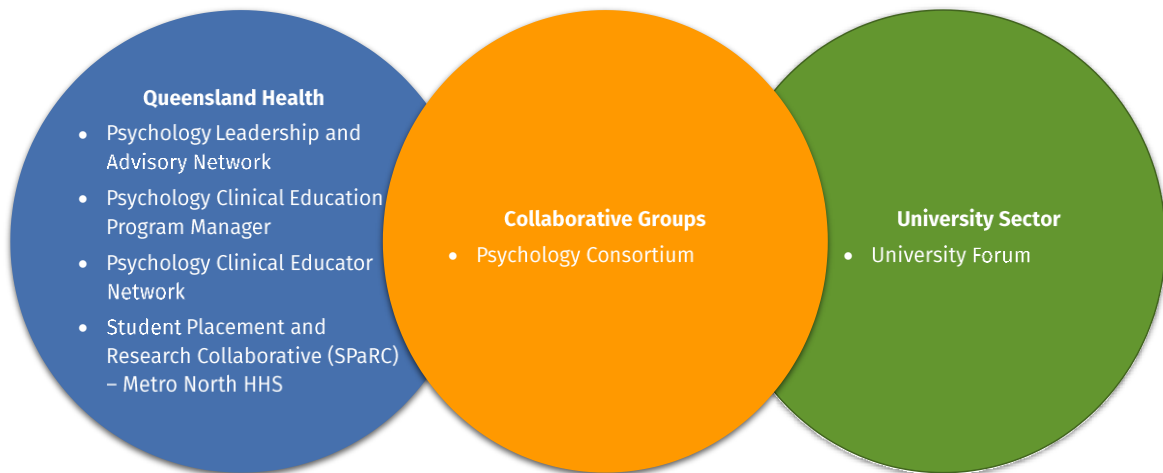
A Consortium has been established between several universities that offer psychology programs and the HHSs. The Consortium is responsible for the joint coordination of placement offers for the universities and HHSs who have membership of this group. The Consortium process is described below.

Several HHSs and universities have individual processes where placements are managed directly between the university and the Queensland Health facilities outside of the Consortium process.

Clinical placement governance groups and communication pathways

In general, the Consortium coordinates student placement allocations for Queensland Health partner facilities and consortium partner psychology programs where there are sufficient students to fill available placement opportunities for the programs they offer. The Consortium does not manage placements that are beyond those requirements and does not manage placements for programs and areas of specialised training that they do not provide.

Figure 22. Queensland Health, university, and collaborative groups for psychology



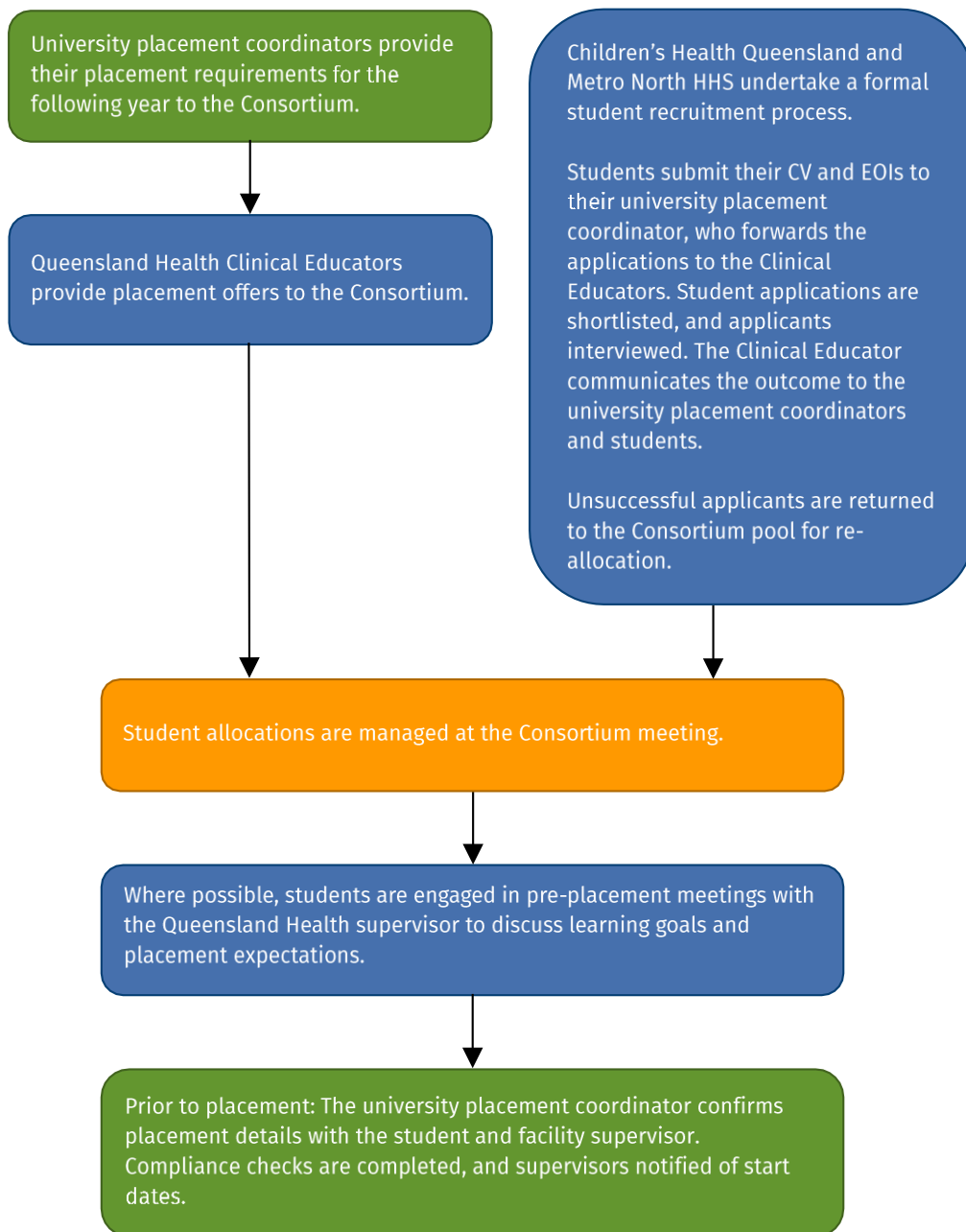
Clinical placement allocation process

The Psychology Consortium follows the process outlined in Figure 23. Note in that figure that the initial steps for Children’s Health Queensland and Metro North HHS vary from the other Consortium members.

All other placements are managed directly between the university and Queensland Health facility, with each facility / HHS following their own individual.

Figure 23. Psychology placement process: Consortium members

Note: This figure may not accurately represent all variations of the placement assignment process that may occur.



NB: this process is under review as at April 2025

Rehabilitation engineering

Rehabilitation engineering placements are managed directly between the university and the Queensland Health placement facilities.

Clinical placement groups

The Directors of Rehabilitation Engineering / rehabilitation engineering leads within Queensland Health facilities are responsible for student placements.

The National Committee on Rehabilitation Engineering (NCRE) is a National Committee within the College of Biomedical Engineering and advocates for the profession. Whilst the NCRE does not have a formal contribution to student placements, they do have a strategic role in defining the role of a Rehabilitation Engineer.

Clinical placement allocation process

Rehabilitation engineering students are responsible for organising their own student placements.

There is no Queensland Health Clinical Educator position for the profession to manage student placements. As there are only three HHSs that employ rehabilitation engineers, student placement opportunities are limited. The responsible Director in each HHS takes an active role to organise student placements.

Figure 24. Rehabilitation engineering placement process

January and June: Queensland Health sites advise the universities and / or student bodies of student placement opportunities. Placement opportunities are distributed to students inviting them to apply for a placement through an EOI process.



The individual facility conducts an EOI process and appoints students directly to the placement.

Social Work

Social work and human services student placements in Queensland Health and Mater Public Health are offered and allocated through the statewide centralised allocation process (CAP). Placement allocations take place twice a year and are coordinated by the Social Work and Welfare Clinical Education Program (SWWCEP). Correspondence is managed through a central SWWCEP email address (SWWCEP@health.qld.gov.au). Metro North have their own independent processes, and some sites have direct agreements with universities, although this does not preclude those sites from taking students from other education providers.

Clinical placement groups

Clinical Educators (often referred to as CESOs) play an active role in the local coordination of placement offers, requests and allocation of student placements in consultation with local Directors, Team Leaders and Professional Leads.

The main group that supports the coordination and allocation of student placements in Queensland is the Queensland Field Education Network (QFEN). The SWWCEP formally meet with QFEN twice yearly.

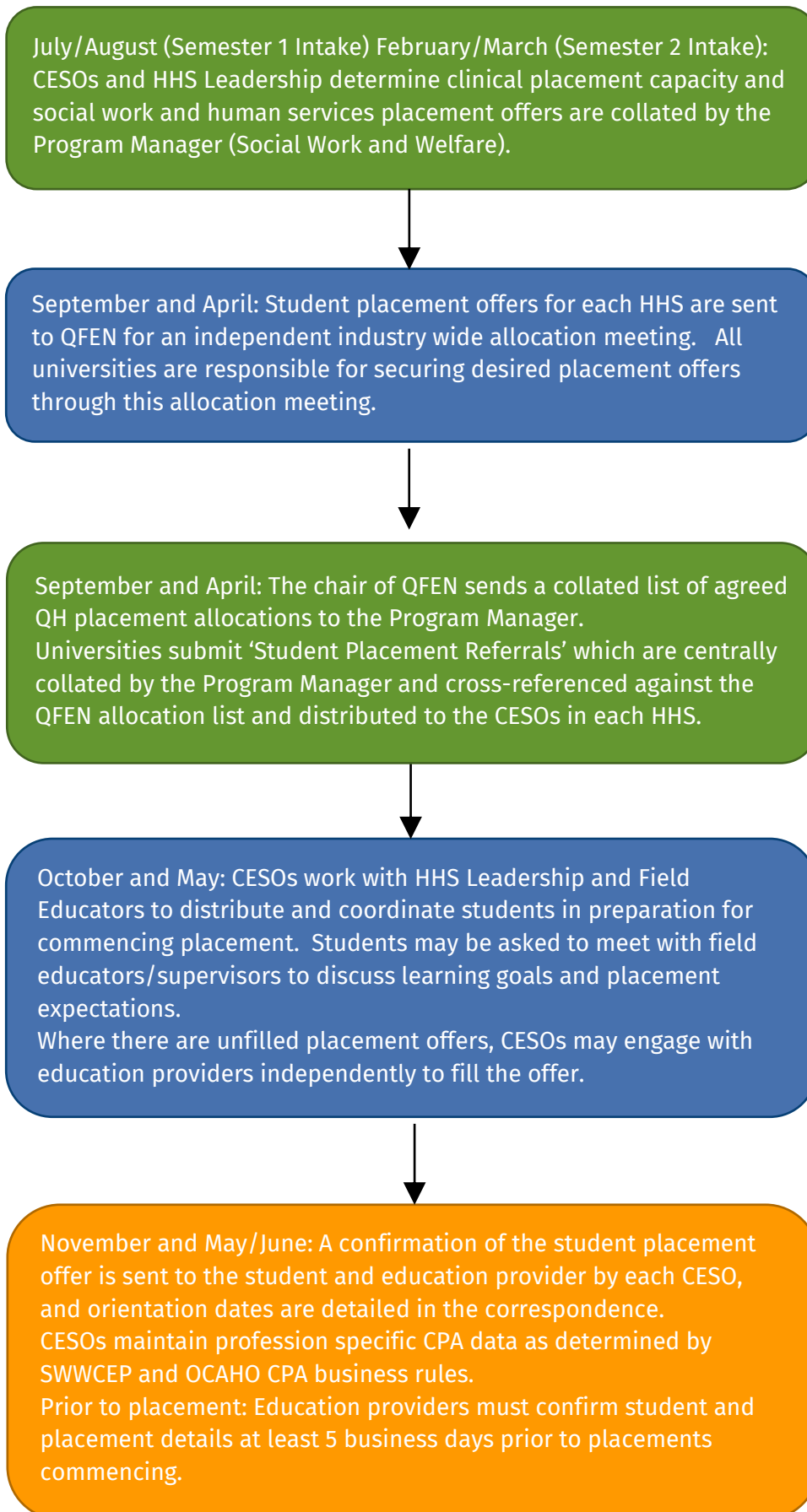
Figure 25. Queensland Health, university, and collaborative groups for Social Work



Clinical placement allocation process

There is no requirement that a health placement be undertaken as part of the social work program of study and students can choose where they wish to be placed in collaboration with their universities. The process for the allocation of social work student placements is shown in Figure 26.

Figure 26. Social Work placement allocation process



Speech Pathology

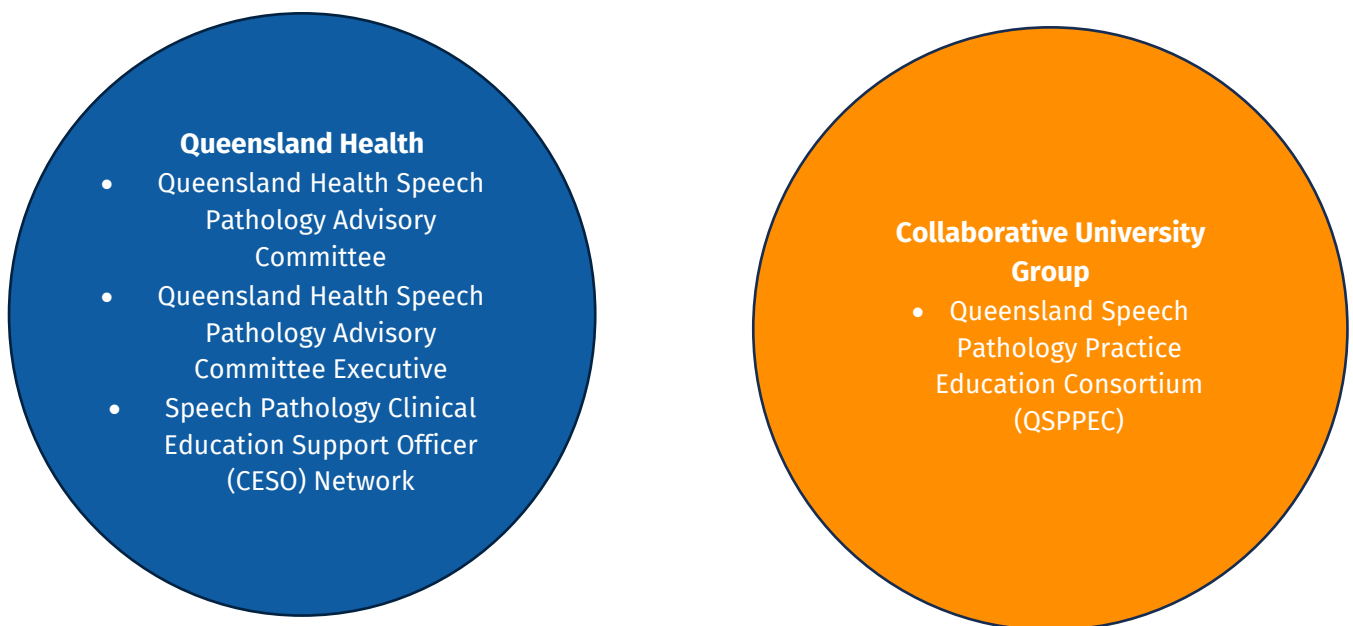
Speech pathology offers are requested twice per calendar year through a joint offers process coordinated through the Queensland Speech Pathology Practice Education Collaborative (QSPPEC). This coordinated approach to speech pathology student placements has been agreed to by the Queensland Health representatives and Queensland university representatives who are directly involved in the management of speech pathology student placements within Queensland.

Placement requests outside of this collaborative (e.g. interstate university programs) occur ad hoc via the Queensland Health Statewide Clinical Education and Training Program Manager (Speech Pathology).

Clinical placement groups

The two main groups that support the coordination of Queensland speech pathology student placements are the Queensland Speech Pathology Practice Education Collaborative (QSPPEC) and the Queensland Health Speech Pathology Advisory Committee (QHSPAC).

Figure 27. Queensland Health and university groups for speech pathology



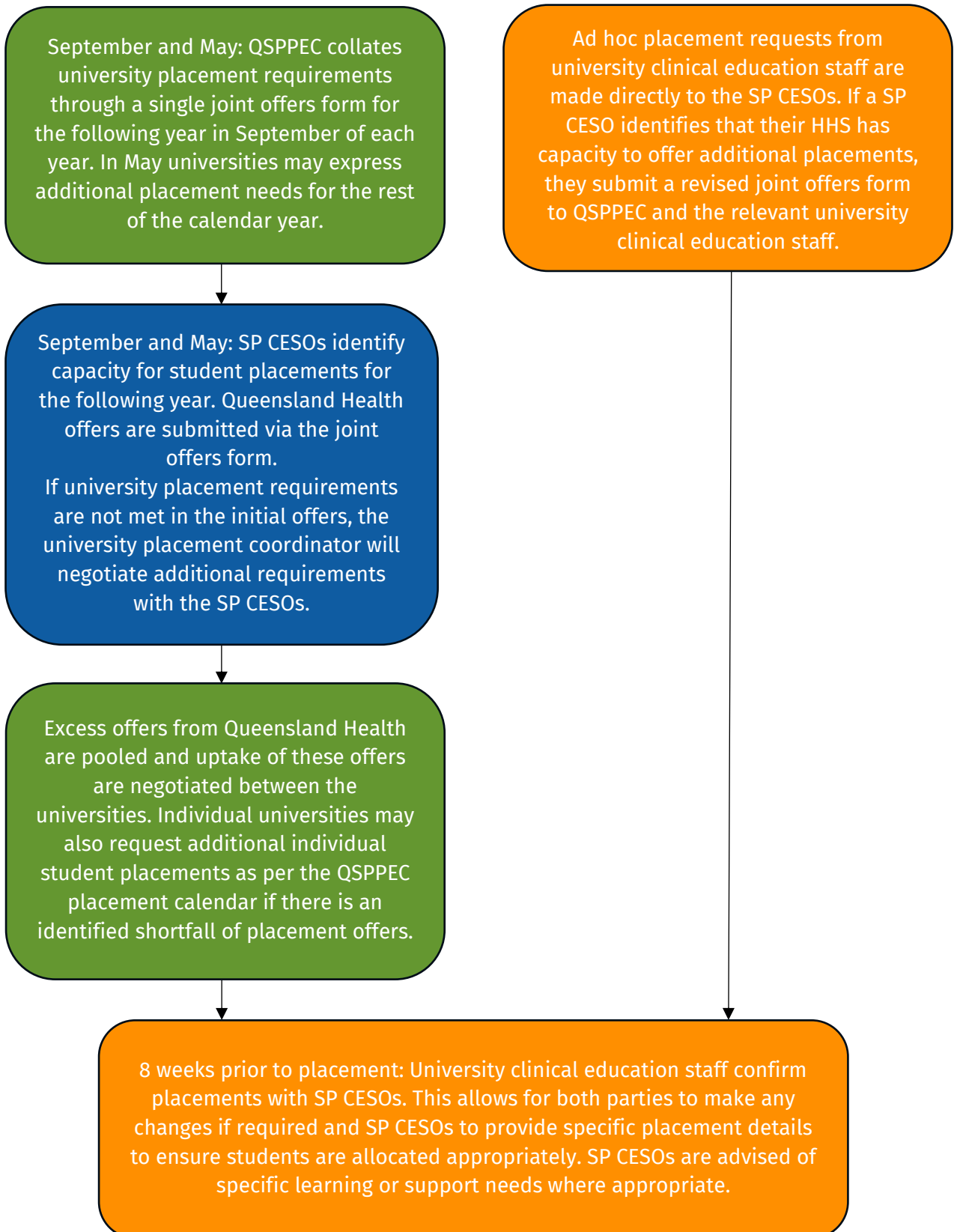
Clinical placement allocation process

In order to fulfill the accreditation requirements of Speech Pathology Australia, speech pathology students are required to undertake placement experiences with individuals and communities across the lifespan in a range of contexts and with a range of populations. They are not required to have specific health experience.

The process for Queensland Health Pre-Entry Speech Pathology Student Placement Offers and Schedules was developed in collaboration between QSPPEC and QHSPAC and outlines the agreed process for managing student placement offers and preparation of Student Placement Schedules in compliance with the Student Placement Deed.

Queensland speech pathology placement correspondence is managed through a central QSPPEC email address (QSPPEC@gmail.com).

Figure 28. Speech pathology placement allocation process



Appendix 2: Clinical placement capacity and placement offers

Clinical placement capacity is shaped by elements such as staffing mix, caseload, placement models, and infrastructure. HHSs can enhance and expand placement opportunities by addressing barriers and supporting enablers.

1. Service-level considerations

- **Clinical workload and case mix:** Identify placement opportunities through service mapping, ensure students gain appropriate clinical experience, and foster cross-organisational collaboration.
- **Staffing and skill mix:** Support clinical educators with training and development; implement flexible rostering to improve supervisory availability.
- **Staff workload:** Manage clinician workload through flexible scheduling, interprofessional learning, and investment in Clinical Education Workload Management resources.
- **Communication resources:** Ensure students have access to essential clinical communication tools to uphold patient safety.
- **Space and infrastructure:** Plan for adequate clinical and non-clinical learning spaces; consult stakeholders on future facility development to optimise education.
- **Integrated timetables and planning:** Provide equitable access to placements, reduce duplication in orientation and training, and maximise interprofessional learning and student-led services.
- **Resources:** Invest in IT infrastructure, digital technologies, clinical equipment, models, and simulation resources to support education.
- **Team approach to placement offers:** Consider staffing mix, caseload, and resource allocation when planning placements.
- **Accommodation and travel support:** Advocate for equitable access to accommodation and travel assistance, particularly for students in rural and regional placements.
- **Rural and remote placements:** Expand opportunities through collaboration with various health disciplines, identify new placement locations, and optimise existing sites.
- **Organisational culture:** Embed education within role descriptions, sustain dedicated educator roles, and foster ongoing collaboration with universities and professional bodies⁸.

2. Clinical education model

- **Collaborative approaches:** Work with education providers to implement effective placement models (e.g., apprenticeship, peer learning, interprofessional placements)^{9,10,11}.
- **Training for educators:** Support staff in adopting diverse supervision and teaching models.
- **Evidence-based supervisor ratios:** Ensure appropriate student-to-supervisor ratios.

- **Student-resourced clinics:** Establish clinics in high-demand areas to support service delivery and student learning^{12,13,14}.
- **Rural and remote adaptations:** Negotiate longer or more flexible placement models to accommodate staffing fluctuations in regional and remote settings^{15,16,17,18}.

Optimising these factors will support sustainable placement capacity and ensure ongoing access to high-quality clinical learning opportunities.

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