



A framework for the design, delivery, and evaluation of rural health professions student placements

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Abstract

High-quality rural health professions student placements are essential for preparing competent, confident, and adaptable health professionals. Despite growing international interest in rural health professions education, existing placement quality frameworks often lack the nuance required to address the complexities of rural and remote settings. This paper presents a comprehensive, evidence-informed framework for the design, delivery, and evaluation of rural health professions student placements. The framework was developed through a multi-study research program underpinned by rural standpoint theory and experiential learning principles. Drawing on data from a scoping review, a national survey and interview study, and a multiple-case Employing CONceptUal schema for policy and Translation Engagement in Research study, the framework identifies five overarching components of placement quality: foundations for engagement in rural learning; student choice, allocation, and advocacy; co-location, connection and collaboration; processes, people and pedagogy; and placement infrastructure, resources, financial support and safety. Within these components, 30 features are defined, offering actionable guidance for universities, placement providers, and rural communities. The framework supports place-based, culturally responsive and pedagogically sound placement practices, and has relevance for policy development, quality assurance and workforce strategies in rural health professions education across diverse international contexts. It also provides a foundation for continuous improvement, ensuring placements remain responsive to local needs and student experiences.

Keywords Health education · Competency-based education · Educational measurement · Rural health · Work-integrated learning · Student placements.

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Introduction

Student placements are a cornerstone of health professions education, offering immersive, real-world experiences that shape clinical competence, professional identity, and workforce readiness. In rural and remote settings, placements carry additional significance—not only as learning opportunities but also as strategic interventions to address health workforce maldistribution (Esu et al., 2021; Walsh et al., 2023). Despite the existence of national and international frameworks for placement quality, these models often lack the nuance and contextual sensitivity required to guide rural placement design and evaluation (Green et al., 2022). Rural health placements are shaped by unique community dynamics, resource availability, and pedagogical opportunities that differ markedly from other contexts (Hepburn et al., 2025; Parkin et al., 2025). This paper responds to the need for a theoretically informed, evidence-based framework tailored to rural health professions education. Drawing on rural standpoint theory and experiential learning principles, we present a comprehensive framework developed through a multi-study research program. The framework identifies five overarching components and 30 features that define high-quality rural health professions student placements. It offers guidance for universities, placement providers, and rural communities to collaboratively design placements that are educationally effective, culturally responsive, and socially accountable. By centring rural perspectives and embracing the complexity of place-based learning, this framework contributes to the advancement of rural health professions education policy, practice, and research.

Background

Student placements are critical learning experiences embedded in health professional education internationally. By placing students in work contexts, they are provided with an opportunity for experiential learning, applying theoretical knowledge within the complex settings in which health services are delivered and access to role modelling from health professionals in rural settings. Reflecting their fundamental role in tertiary education, the quality of these learning experiences is a central concern for universities, accreditation bodies, and healthcare providers (Green et al., 2022). Internationally, this has resulted in the creation of several broad frameworks designed to guide the development of high-quality student placement programs. Examples exist in Australia (Campbell et al., 2019), Canada (Co-operative Education and Work-Integrated Learning Canada, 2021; McRae et al., 2018), South Africa (Council on Higher Education, 2011), and in the World Association for Cooperative Education Global Quality WIL Framework (World Association for Cooperative Education, 2024).

National frameworks for quality assurance are essential in health professions education, providing an evidence-informed foundation for standardisation and quality improvement. The utility of these frameworks is, however, constrained when applied to the nuances of unique practice settings. This is particularly evident in rural health placement programs, which are receiving increasing attention as distinctive learning environments (Hepburn et al., 2025; Parkin et al., 2025). As a result, the past decade has seen a noticeable increase in efforts to intersect quality assurance in higher education with place-based understandings of rural education. There are many notable examples internationally. For example, the Tertiary Quality Enhancement Framework in Scotland provides a policy-based frame-

work for quality assurance across higher education and guides Colleges and Universities (Scottish Funding Council, 2024). The review of framework outcomes commenced in 2024, with institutional reviews scheduled until 2030 (Quality Assurance Agency for Higher Education, 2024). Alongside this, Scotland has prioritised rural health professions education through initiatives such as the National Centre for Remote & Rural Health and Care, which aims to strengthen workforce capabilities in remote communities, and offers programs for immersive rural placements in Highlands and Islands settings (see: University of Aberdeen).

A second example comes from Aotearoa New Zealand, where the Aotearoa New Zealand Qualifications Authority (2025) implemented the New Zealand Qualifications and Credentials Framework, mandated through the Education and Training Act 2020, emphasising the role of experiential learning for students (Aotearoa New Zealand Qualifications Authority, 2025). The framework is periodically reviewed by the New Zealand Qualifications Authority to ensure it remains relevant (New Zealand Qualifications Authority, 2025, p. 19), although the extent to which the framework itself has been reviewed for impact is unclear. This framework sits alongside the Rural Health Strategy 2023 (Minister of Health, 2023), which highlights the importance of coordinated rural training pathways (Te Kāwanatanga o Aotearoa New Zealand Government, 2025).

Finally, in Australia where placement quality is governed by the Tertiary Education Quality and Standards Agency Act 2011 (Australasian Parliamentary Counsel's Committee, 2011), a range of government and policy initiatives focus on expanding rural placement programs – most notably the Rural Health Multidisciplinary Training Program (Commonwealth of Australia, 2025b). This program was reviewed in 2020 (Battye et al., 2020), which found rural health professions student placement quality critical to the success of Australian rural health workforce programs, although noted quality features are yet to be defined. Collectively, these international examples illustrate both the global drive for quality assurance of higher education and the need to build rigorous rural health professions education pathways.

What remains undeveloped is an approach to designing, delivering, and evaluating rural health professions student placements that is evidence-based, theoretically informed and practically useful to those implementing these programs. A robust framework contextualised to the complexities of rural and remote settings is needed to enhance student experiences and prepare competent health professionals. To support quality assurance in the design, delivery and evaluation of rural placements, such a framework must account for the heterogeneity of rural settings, and the diversity of stakeholders involved. This paper addresses this need by drawing together a program of research to explore, define, and organise constructs of quality in rural and remote placements into a conceptual framework. The framework described here moves beyond isolated indicators of quality, offering a comprehensive approach that reflects the complexities and interdependencies of rural health professions education.

Methods

Theoretical lenses

This study was underpinned by two theoretical lenses; (i) *rural standpoint*—to centre rural positions as distinct approaches identified by contextual uniqueness (Roberts, 2014, p. 281)

and (ii) *experience and education*—to position the approach to learning as an experiential and social process (Dewey, 1938).

Rural standpoint

Rural standpoint is an approach to research “from a position that rural people and communities really matter” (Roberts, 2014, p. 281). It views rural communities, people, knowledges, and processes as distinct from those of metropolitan settings. Conducting research with this lens involves moving beyond metropolitan assumptions to instead acknowledge, examine, and illuminate the complexities and uniqueness of each rural place, including community strengths. Originating in the rural education literature, rural standpoint has since shaped the epistemological foundations of rural health research (see: Quilliam et al. 2024a, b; Roberts 2014; Roberts et al. 2021).

Rural standpoint informed this study in multiple ways. First, it shaped our assumption that metropolitan-based literature on placement quality does not necessarily reflect components integral to high-quality rural health professions placements. Second, it guided our acknowledgement of the complex knowledges and processes in placement facilitation, recognising their variability across diverse rural and remote contexts. Third, given rural standpoint preferences research methods that best help to address the questions posed (Roberts, 2014), we selected to use an interdisciplinary team from a range of regional, rural and remote Australian communities to undertake mixed methods approaches and the ‘Employing COncceptUal schema for policy and Translation Engagement in Research (ECOUTER)’ (Quilliam et al., 2026). These methods ensured a multi-layered, iterative and participatory approach to framework development. Finally, rural standpoint guided our interpretation of data and the development of tools, ensuring their utility across diverse rural and remote settings.

Experience and education

Health professions student placements are grounded in experiential learning theory (Dewey, 1938). Experiential learning is a hands-on approach that bridges traditional classroom learning with real world experiences (Kolb & Kolb, 2017). Learning is a socially embedded process influenced by the community in which it occurs (Dewey, 1938). The community generally includes the learner, their peers and educators, and in rural placements may also extend to interprofessional colleagues, community members and cultural mentors. Key tenets of Dewey’s concepts of experience and education include the principle of continuity, in which experiences build upon one another to shape future learning, and the principle of interaction, where the learner engages with both the object of knowledge and the environment (Dewey, 1938). The context in which learning occurs (the physical, social and experiential conditions) are significant as they shape the types of interactions learners have and therefore experience is inseparable from its context (Dewey, 1938). This notion is particularly important for this research where the contextual location of the student placement and the interactions within that context are integral for understanding the quality of the learning experience.

Learners experience, reflect, analyse challenges and successes, and act by integrating these learnings into their future practice. In this process, learners are supported by educa-

tors, including supervisors and university staff, who shape the learning environment and determine the circumstances most likely to foster growth. However, not all experiences are equally educative, and some may in fact be ‘mis-educative’ (Dewey, 1938, p. 25). Such experiences may be disconnected from prior learning, or negatively impact motivation, engagement, and future development experiences. This emphasises the importance of intentional learning design in placements. According to Dewey (1938), an experience is mis-educative if it is not both agreeable and conducive to future growth.

Through the application of experiential learning theory, we considered what learners bring to a rural placement and how this impacts their engagement. This interacts with the structure and context of the placement to influence learning outcomes. We also considered the stages students are at in their learning journey and the importance of linking experiences cumulatively to form a continuum of education. In line with Dewey (1938) the structure of a learning experience is “instrumental in determining their educative importance” (Dewey, 1938, p. 27). Student learning is influenced by an intricate network of factors, including structured and incidental learning opportunities, since people do not only “learn the particular thing they are studying” (Dewey, 1938, p. 48). In many of the rural host communities, social control of the learning experience provides shared influence over the direction of learning and creates opportunities for it to extend beyond the formal objectives. The term ‘social control’ here refers to the meaning ascribed by Dewey (1938, pp. 51–60) and in essence describes the shared, cooperative regulation of behaviour that emerges naturally within a group when individuals work toward common purposes.

Study design

The aim of this study was to identify the determinants of high-quality rural health professions student placements by conducting a secondary analysis of data from three previous studies (see Table 1). These studies served as building blocks to investigate different elements of placement quality. The present study analyses and synthesises the data collected across this program of work to provide an integrated, overarching representation of the findings. Ontologically, this work was positioned in relativism and subscribed to the concept of reality as something dependent on interpretation (Guba & Lincoln, 1998; Lincoln et al., 2018). Relativism enabled the researchers to draw on multiple layers of interpretation across the program to build a richer understanding of the research question. This approach also supported recognition of multiple realities in defining placement quality, embracing subjectivity and honouring the contextual complexity of learning. Epistemologically, this study adopted a constructivist approach (Adom et al., 2016; Denicolo et al., 2016), aligning with the focus on subjectivity and the importance of context in meaning-making. The research program was conducted using a highly iterative approach which was applied to all three projects. Each project involved critical discussion, reflexivity and co-creation of findings. Across the program, researchers also drew on their practice knowledge as experienced facilitators of rural and remote health professions student placements.

The integration of data sets from the three studies was considered in relation to the methods used across the program. This approach aligns with the view of epistemological triangulation discussed by Moran-Ellis et al. (2006), who suggested that “methods can be triangulated to reveal the different dimensions of a phenomenon and to enrich understand-

Table 1 Summary of studies within the research program

Study and research questions (RQ)	Context	Methods	Data analysis	Epistemological considerations	Key findings from study
<p>Study 1</p> <p>Identifying features of quality in rural placements for health students: scoping review (Green et al., 2022)</p> <p>RQ: What comprises quality in rural health student placements?</p>	<p>Literature review of health professions student placements in regional, rural, or remote areas in Organisation for Economic Co-operation and Development countries.</p>	<p>Peer-reviewed and grey literature from MEDLINE, CINAHL, Embase, ProQuest, Informit, Scopus, ERIC, and several grey literature data sources. 101 papers included in analysis.</p>	<p>Tabular, descriptive, and narrative methods to present the data extracted. Content analysis was used to answer the research question and map the themes found in the literature.</p>	<p>This study was situated in the constructivist paradigm. The scoping review approach allowed for inclusion of multiple perspectives of high-quality placements (including those of students, community members, supervisors, and university staff). International literature from remote, rural, and regional contexts was included.</p>	<p>No literature explicitly defined quality in rural health professions student placements. Creation of 21 subcategories and four overarching domains pertaining to features of rural health professions student placement quality:</p> <ol style="list-style-type: none"> 1. Learning and teaching in rural contexts 2. Rural student placement characteristics 3. Key relationships 4. Required infrastructure. <p>The findings suggest that quality in rural health professions student placements hinges on contextually specific features.</p>
<p>Study 2</p> <p>What do Australian university staff perceive are the features of high-quality rural health professions student placements? A sequential explanatory study (Green et al., 2025)</p> <p>RQ: What do university staff believe are the determinants of high-quality health student placements in regional, rural, and remote Australia?</p>	<p>Staff from universities across Australia whose role involves designing, delivering, and/or evaluating rural health professions student placements.</p>	<p>121 university staff responded to a survey about the features of high-quality rural health placements. 10 university staff participated in follow-up interviews which were used to further explore the survey findings.</p>	<p>Descriptive data summaries of the survey were performed and responses to the five-point Likert scale questions were used to describe the importance of each feature of placement quality. The qualitative analysis undertaken in this study was guided by the Framework approach described by Ritchie and Spencer (2002).</p>	<p>This study was situated in the constructivist paradigm. The research team employed critical discussion and group reflection to create the survey items based on the scoping review results, and then to use the results of the surveys to create the interview guide. Team members who analysed the qualitative data used an iterative approach and critical discussion was essential in interpretation of the findings.</p>	<p>Survey results highlighted the following features:</p> <ul style="list-style-type: none"> • Personal safety • Safe, affordable accommodation • High-quality supervision • Cultural awareness training • Interprofessional education • Financial support <p>The Framework approach was used to construct four overarching and interrelated themes that constituted the features of high-quality health profession student placements in rural Australia from the perspective of the participants including:</p> <ul style="list-style-type: none"> • Building a foundation for engagement with learning • Structuring learning to fit in a continuum of education • Opportunities to grow clinical skills and professional capabilities in a rural context • Co-location and connection as influences for rural learning <p>The qualitative interviews added depth to the survey findings by highlighting:</p> <ul style="list-style-type: none"> • Importance of considering students' personal situations. • Detailed insights into psychological, cultural, and physical safety. • Need for thorough orientation and clear expectations. • Value of social opportunities and community engagement. • Importance of close student-supervisor relationships.

Table 1 (continued)

Study and research questions (RQ)	Context	Methods	Data analysis	Epistemological considerations	Key findings from study
<p>Study 3 Determining constructs of high-quality rural health professions student placements: A multiple case ECOUTER study (Quilliam et al., 2026) RQ: The aim of this study was to determine the constructs of high-quality rural health placements in rural Australia from the perspective of those funded by University Departments of Rural Health (UDRHs) to design, deliver, administrate, and evaluate rural health placements.</p>	<p>Australian UDRH staff involved in designing, delivering, administering, and/or evaluating rural health professions student placements.</p>	<p>Data were collected via Padlet mind maps and focus groups. Across the four study stages, eighty-six UDRH staff participated from 10 cases servicing communities across varying Australian regions.</p>	<p>Reflecting the ECOUTER methodology (Murtagh et al., 2017) data collection and analysis was iterative and comprised four stages: virtual case mind map, case focus groups, cross-case analysis, cross-case focus groups.</p>	<p>Multiple case study method was adopted to support participants to share their perspectives from diverse regional, rural, and remote contexts. The ECOUTER methodology allowed participants to contribute to knowledge development via an iterative data collection and analysis process involving mind mapping, reflection, and interaction.</p>	<p>Nine constructs determining high-quality rural health professions student placements were identified:</p> <ul style="list-style-type: none"> • Placement planning • Student selection • Stakeholder communication and collaboration • Placement orientation • Student supervision • Logistical resources • Learning opportunities • Connecting with the rural community • Student wellbeing and supports <p>The final cross-case focus group resulted in high construct agreement from participants across diverse regional, rural, and remote Australian contexts.</p>

ings of the multi-faceted, complex nature of the social world” (Moran-Ellis et al., 2006, p. 48). Although Moran-Ellis et al. (2006) refer to triangulation in the context of single empirical studies, their insights are also useful for understanding relationships between datasets generated by different methods, as in this study. The program of research used for our current study was based on the same overarching research aim and purpose. On this basis, we do not claim that triangulation enhanced the validity of any single study; rather, we used it to examine rural health professions student placements as a complex, multi-layered, contextually derived phenomenon. Rural health professions student placements are also shaped and experienced by multiple unique stakeholder groups. Triangulation of findings across multiple studies therefore provided access to multiple viewpoints and layers of understanding that could not be achieved through a single method of inquiry (Kelle, 2005). A summary of the three studies that underpin this work is provided in Table 1.

Researchers’ contexts

This study was undertaken by a group of researchers working across rural and remote Australia in teaching and research-focused academic roles. In Australia, health professions student placements are a form of work-integrated learning, characterised by students undertaking an unpaid period in a workplace as part of their curriculum requirements (Australian Government). These learning experiences are often located in rural and remote settings, where it is important for students to experience service-delivery given Australia’s population of 27 million people (Australian Bureau of Statistics, 2024), of which approximately one-quarter live in regional, rural and remote communities (Australian Institute of Health and Welfare, 2024). In Australia, rurality can be measured using the Modified Monash Model which uses geographical remoteness and town size to classify the rurality of a location (Commonwealth of Australia, 2025a) and in the context of this study, regional, rural and remote communities have been included. The disparate nature of these communities adds both richness and complexity to the delivery of health professions placements in rural and remote contexts. Such complexities demand a nuanced, place-based understanding of quality rural health professions placements. Our research team originally came together in response to this need and out of a desire to better understand how to implement high-quality rural health professions placements from both conceptual and practical perspectives. The interprofessional composition of the team, combined with diverse geographical coverage and variable years of experience in health professions education, provided a breadth of knowledge that was drawn on across the research program to inform the design, interpretation, and presentation of the research.

Data collection

Original data from the three studies outlined in Table 1 was accessed by the research team for use in this study. The first step was to collate the data from across the projects into a single repository for holistic examination. A Microsoft Excel spreadsheet was used for this purpose. The findings of each study were revisited, and data was added into the spreadsheet in the form of meaning units (meaning units can be words, sentences or paragraphs and

Table 2 Summary of the types of data derived from each study across the research program used in this analysis (partially analysed data is highlighted for each project)

Study	Early-stage data (i.e. cleaned but still granular and close to the raw data)	Partially analysed data (i.e. aggregated, labelled, or grouped insights)	Fully analysed data (i.e. synthesised insights, trends, and patterns)
Study 1 Identifying features of quality in rural placements for health students: scoping review (Green et al., 2022)	Codes	Categories	Themes
Study 2 What do Australian university staff perceive are the features of high-quality rural health student placements? A sequential explanatory study (Green et al., 2025)	Answers to survey questions Codes	Grouping of important features identified in surveys Indexes	Charts (presented as themes)
Study 3 Determining constructs of high-quality rural health student placements: A multiple case ECOUTER study (Quilliam et al., 2026)	Top-level features	Sub-constructs	Constructs

refer to the smallest segments of text that contain information relevant to the phenomenon being studied, see Erlingsson and Brysiewicz (2017)). The spreadsheet system enabled the researchers to track the development of each meaning unit, including its name, the project from which it was derived and a summary of findings related to high-quality placements. Partially analysed data from each project was used as the basis for meaning units. This level of data was chosen over raw data or early-stage analysis, as it had already been synthesised and labelled but not yet fully interpreted. It also provided sufficient proximity to the raw data to retain contextual information linked to each meaning unit. A summary of the type of data used from each study is shown in Table 2.

Ethics

Overarching ethical approval for this research was granted by the University of Melbourne Human Ethics Committee (2022-23201-33373-5). Additional approvals were received from the following universities where the research team members are employed; University of Western Australia (2022/ET000770), University of Newcastle (H-2022-0353), Flinders University (5724), La Trobe University (022-23201-32675-3), Charles Sturt University (H22398), University of Notre Dame (2022 – 145), and James Cook University (H8934). These committees review research in line with the Australian National Statement on Ethical Conduct in Human Research and the Australian Code for the Responsible Conduct of Research which incorporate the requirements of the Declaration of Helsinki.

Data analysis

Five members of the research team (EG, CQ, CS, MR and JF) collated the meaning units from the three previous studies. Analysis from the point of meaning unit creation followed the latent content analysis approach described by Erlingsson and Brysiewicz (2017). All

meaning units were entered into a spreadsheet where column A listed the study, column B the meaning unit, and column C the condensed meaning unit. Each researcher mapped a portion of the meaning units, returning to the original data source to confirm context, and ensure the condensed unit reflected the nuance of the source. A fourth column was added to record codes, with one researcher (EG) assigning a code to each condensed meaning unit.

In the next stage, the group met to discuss the mapping of meaning units and to review the assigned codes. These discussions drew on team members knowledge of the datasets and involved critical reflection on interpretation in relation to the research question. The researcher who had undertaken coding also drafted preliminary groupings of codes into categories, which were used to draft themes. The team refined these ideas and developed five draft theme names that encompassed all data.

During the final stage of analysis, the team worked backwards from themes to meaning units. Each member took responsibility for one theme, reviewing the categories and condensed meaning units, which led to some codes being reassigned. Once complete, the team reconvened to compare interpretations and agree on the constituents of each theme. Theme summaries were written, and names revisited and finalised. A reflexive session was held with the broader research group during which the analysts presented their results and interpretations. The group considered whether any data had been omitted, whether interpretations were clear, and whether naming conventions were suitable. The theoretical lenses framing the study were also revisited to assist with interpretation of the findings. Following this session, refinements were made to the language used to present the results. Figure 1 demonstrates a high-level visual representation of how data from the three studies contributed to the framework.

Results

There were 66 meaning units derived from the three previous studies that were used in this analysis: 20 codes from the first study (Green et al., 2022); six survey groupings and 17 indexes from the second study (Green et al., 2025); and 23 sub-constructs from the third study (Quilliam et al., 2026). Latent content analysis was applied to interpret these units, code them, group them into categories and develop themes. The research team determined that the themes would represent components of high-quality rural health professions student placements, with categories as the features within each component (noting that several features overlapped across components). The results of this study are presented as a new framework for high-quality rural health professions student placements. In total, 30 features were identified and grouped into five overarching components of quality, represented visually in Fig. 2.

As high-level concepts, the components of high-quality rural health professions student placements can be applied across diverse settings and serve as a guide across health disciplines. Enacting the components requires collaboration between all stakeholder groups involved in the design, delivery and evaluation of placements. A description of each component is provided below.

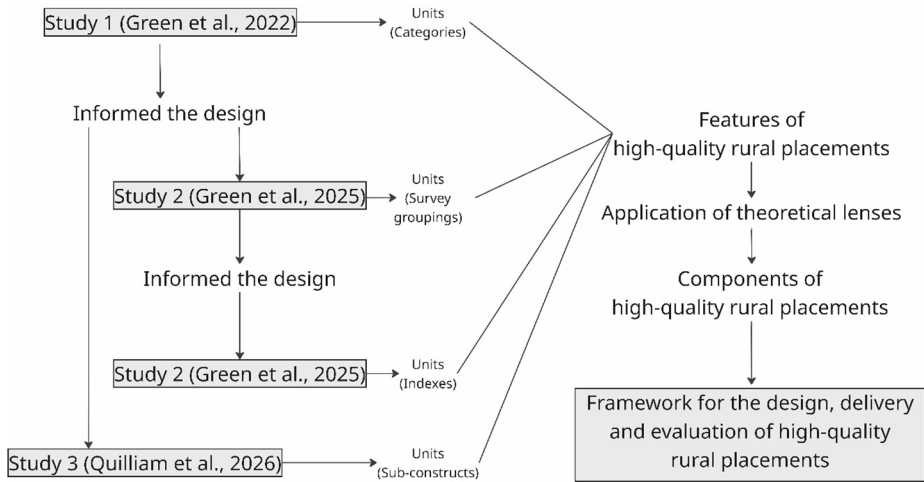


Fig. 1 High-level data analysis process map

Foundations for engagement in rural learning

This component focuses on activities that occur before a placement begins, including comprehensive pre-placement preparation and a person-centred allocation process that matches students with suitable opportunities. Supervisors' active participation in the learning is emphasised, supported by training in supervision practices. Foundations also include local training to enhance cultural responsiveness and wellbeing that link pre-placement with during placement support. Student preparation is contextualised to their stage of learning, past experiences and future goals. In addition to being foundational, these activities foster meaningful engagement and mutual benefit.

Student choice, allocation, and advocacy

Students choose when to participate in rural placement, or universities accommodate student preference and needs whenever feasible. Students are selected based on suitability for a rural placement and competitive selection processes may be applied. Student supervisors are familiar with the local context and community, and local staff provide support and place-based information via facilitating, evaluating, and enriching student experiences in place-based ways. Challenges associated with learning and working in rural health contexts, as well as student-related factors that may impact engagement with rural placement, are acknowledged. Sustainability is considered in placement design and provides opportunities for future work or support. University staff and health professionals advocate for rural health student placements as valuable learning experiences.

Co-location, connection, and collaboration

High-quality placements in rural communities include collaboration between stakeholders such as students, their university of enrolment, the host site, and supervisors, and the rural

community. Students are given flexible opportunities to explore rural areas and to interact with students from a range of health disciplines. Informal social gatherings and local activities enhance students' placement experiences. Informal supports offered by supervisors, other students and past graduates help students to feel welcome in the rural community.

Processes, people, and pedagogy

This component focuses on the implementation of student placements from start to finish. Students are supported in their experiential learning of rural practice, including how the placement design is enacted, how the student is welcomed and oriented, the learning opportunities available and the supervision and support provided. Placement activities align with stakeholder needs and requirements, taking into account the capacity of the host organisation, supervisors and students with attention to the sustainability of placement programs. Orientation to the rural community and relevant host organisation supports students to

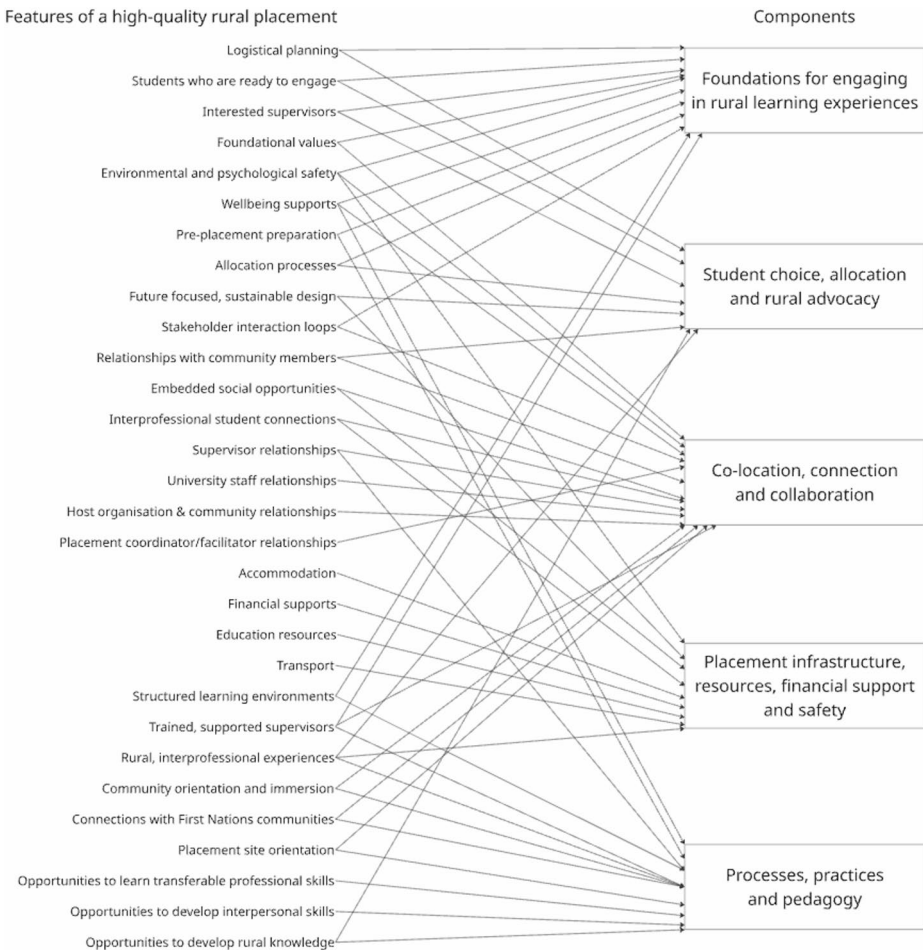


Fig. 2 Features of a high-quality rural health professions student placement grouped into overarching components

feel welcomed and valued, decreases student anxiety and encourages a positive connection, localised knowledge and social inclusion. Orientation is locally relevant and serves to deconstruct negative perceptions of rural placement or lifestyle. Cultural connection is a vital part of orientation and is locally embedded to prepare students to work with local First Nations communities.

Students have the opportunity to develop skills essential for their profession. Additional aspects of learning include an understanding of the diversity and uniqueness of rural practice, where students experience diverse caseloads with reduced resources and differences in health services, referral, and discharge processes. Students are given opportunities to develop problem solving skills, resourcefulness and independence. High-quality rural placements include cultural learning and interprofessional practice and offer students opportunities for personal growth and an expanded worldview. Supervision and support by experienced rural professionals underpin high-quality placements. These supervisors have lived rural experience with strong community ties and are discipline specialists with high-quality supervisory characteristics. They positively impact student experience, are enthusiastic, foster autonomy and provide meaningful feedback. They are supported by their organisations through resources and professional development.

Placement infrastructure, resources, financial support, and safety

Students have access to infrastructure, resources, and funding that facilitate engagement with learning, community, and social aspects of placement. Students are provided with safe, secure, and affordable accommodation, transport, and resources that enable learning, social activities, and connectedness. Students are financially supported through bursaries, scholarships, and grants, and receive subsidised or free accommodation and/or travel, accessed within reasonable timeframes to reduce financial stress. Student safety is prioritised, including physical and psychological safety. Students driving long distances are provided road safety advice, and social activities that improve belonging and inclusion are promoted.

In summary, these overarching components of high-quality rural health professions student placements provide a conceptual underpinning for the process of enacting these experiences. Each component comprises a number of features that must be operationally embedded to fully realise the outcomes of a high-quality placement. Many of the features are interwoven across the components. Table 3 presents a definition of each feature as a standalone concept to provide further insight into how each can be practically embedded in a placement program.

The complete framework for the design, delivery and evaluation of high-quality rural health professions student placements is shown in Fig. 3. This figure illustrates the overarching components of quality, and where the operational aspects (features) of high-quality placements fall within each component.

Discussion

This paper has presented a framework to guide the design, delivery, and evaluation of high-quality rural health professions student placements. The framework identifies 30 categories grouped into five overarching components: (1) A foundation for engaging in rural learning

experiences; (2) Student choice, allocation and rural advocacy; (3) Co-location, connection and collaboration; (4) Processes, practices and pedagogy; and (5) Placement infrastructure, resources, financial support and safety. Taken together, these components can guide placement quality beyond heavily relied upon proxies such as student satisfaction or positive experiences and broaden the evidence base by including perspectives from multiple stakeholders. The findings also contribute to the ongoing conceptualisation of placement quality more broadly (see: Martin et al. (2025), and in doing so, challenge assumptions about work-integrated learning in rural contexts while providing critical guidance for stakeholders designing, delivering and evaluating rural health placements.

Theoretical application

This paper has extended the application of rural standpoint theory (Roberts, 2014) to the field of rural health professions training. Through applying rurally-informed knowledges and processes, we have identified relevant rural high-quality placement components and features, illuminated the complexities and uniqueness of placements in diverse rural places, and developed tools that can be adapted and applied across a diverse range of rural and remote communities, contributing to the ‘epistemology of the rural’ (Roberts et al., 2021). The application of rural standpoint to this work has enabled a kind of epistemic equity (Sikimić, 2023) for rural and remote populations, where rural conceptualisations of placements are recognised alongside largely metrocentric or placeless work-integrated learning frameworks.

The application of Dewey’s (1938) experience and education concepts has further illustrated the critical role of rural and remote placements within the health professions student learning continuum. Relevant to the principle of interaction, two of the five framework components, ‘Processes, people and pedagogy’, and ‘Co-location, connection, and collaboration’, reflect the dynamic interaction between learner and environment. Students experience, reflect, and apply disciplinary knowledge and skills specific to rural and remote practice environments, thereby shaping their future experiences. Dewey’s (1938) concepts also suggest that mis-educative experiences can hinder motivation, engagement, and future learning, underscoring the importance of a quality framework to guide placement design and implementation within broader workforce policies. The evidence-informed framework presented here, adapted to local rural and remote contexts, could help ensure placement experiences are both agreeable and educative for students.

Implications of the framework for policy and practice

The framework has the potential to be internationally relevant, particularly for organisations concerned with rural population health, OECD government departments, universities, placement providers and rural communities. The framework and underpinning research (Green et al., 2022, 2025; Quilliam et al., 2026) contribute to the international body of evidence on quality components of student experiential learning in rural and remote communities, beyond workforce recruitment alone. Elements of the framework are reflected in the World Health Organisation (2021) rural health workforce development guidelines, particularly Recommendation 3.3, which emphasises strong community stakeholder collaboration in placement development and implementation. For this reason, the framework

Table 3 List of high-quality rural health professions student placements features and definitions

Feature	Definition
<i>A foundation for engagement in rural learning</i>	
Foundational values	Foundational values are shared by stakeholders and given importance in placement design. Values of a high-quality rural placement include mutual benefit, reciprocity, and being curious to learn from others.
Future focused, sustainable design	Rural placement planning is future focused and considers the place of the learning in a student's future career, as well as the resources needed to support positive student growth. Program sustainability is considered in the design of a placement including how future iterations of placement might be supported and maintained. Governance arrangements are in place for the establishment and sustainability of placements.
Interested supervisors	Clinical supervisors are engaged and passionate about their role to fully commit and contribute effectively.
Structured learning environment	Students who are given structured support in unfamiliar environments have a better placement experience. Supportive structures include orientation, contact with key staff, handover from previous students, wellbeing or social activities, and connections with others in the community. These structures help students feel welcomed and a part of the team.
Rural, interprofessional experiences	Students access diverse rural, interprofessional workforce to enrich their learning experiences. These staff facilitate, evaluate, and enrich student experiences in place-based ways. Student placements incorporate formal and informal access to the interprofessional team. Interprofessional education and collaborative practice are modelled during the placement and interprofessional learning is intentionally incorporated in the placement design.
Opportunities to learn transferable professional skills	Students are provided access to diverse opportunities to develop generic and profession-specific skills. This includes access to learning from rural generalist practitioners and, where possible, discipline specialists. Students are given the opportunity to observe and engage in problem-solving in rural service provision and be supported to grow their independence, resourcefulness, and teamwork skills. Where telehealth services exist, students are provided the opportunity to learn about and engage in this mode of service delivery.
Opportunities to develop interpersonal skills	Placements are structured to provide opportunities for students to grow their interpersonal skills, broaden their world view, recognise privilege, apply theory in real life, and challenge opinions on rural contexts.
Opportunities to develop rural knowledge	Students have opportunities to understand the uniqueness of rural and remote communities and the differences in health service demand compared to metropolitan settings. These opportunities teach students to be creative and adaptable with limited resources, providing insights into rural practice strengths and challenges, and how to support healthcare access.
<i>Student choice, allocation, and advocacy</i>	
Students who are ready to engage	Students ready for high-quality rural placements are willing, interested in rural work, and believe in its value for the community. They are positive, enthusiastic, independent, proactive in engaging with the community, and possess the maturity, autonomy, clinical skills, and knowledge needed for clinical activities, or have the potential to develop these throughout the placement. Health professionals and university staff advocate for rural health professions placements and raise the profile of these learning experiences.
Allocation processes	Student-centred allocation processes are used where feasible and supported by a strengths-based approach to rural placements role-modelled by university staff who advocate for rural learning experiences. Consideration is given to student choice, rural background, and rural practice intentions to support students' rural health experiences. Geographical isolation (student distance from home) is considered in the allocation process.

Table 3 (continued)

Feature	Definition
<i>Co-location, connection, and collaboration</i>	
Stakeholder interaction loops	Stakeholder interactions involve multiple feedback loops, creating a 'team around a student' with support from host site staff, clinical supervisors, and university staff. These interactions ensure clarity of expectations and timely completion of administrative tasks, enhancing placement quality and student preparedness. Frequent engagement between stakeholders fosters relationships, builds trust, continuity, and a shared commitment to placement success. Open communication supports responsiveness to community needs, clarifies roles and responsibilities, and addresses challenges promptly.
University staff relationships	University staff undertake open communication and relationship maintenance with other stakeholders. Universities provide resources and training for supervisors and embed themselves in the community where possible. University staff provide peer support to those hosting and supervising the placement.
Host organisation and community relationships	The host organisation and community are included in co-design of placements they host. They also undertake placement preparation and have open communication with other stakeholders.
Placement coordinator/facilitator relationships	Placement coordinators or facilitators are available and contactable by other stakeholders involved in the placement. They maintain open communication channels with other stakeholders and actively maintain these relationships.
Relationships with community	Forging connections with rural communities shifts deficit thinking and supports students to learn about rural opportunities and the diversity of rural communities.
Embedded social opportunities	Community immersion activities and opportunities to explore rural areas or participate in social activities are available to students. Social opportunities are flexible as some students thrive on social immersion while others may find it overwhelming. These opportunities aim to connect students with local supports and past graduates to foster a sense of belonging and reduce isolation.
Supervisor relationships	Supervisors are supported by their organisation of employment and the placement host organisation (if different from their employer) to develop and maintain professional relationships across organisations and with students. Supervisors role model positive community relationships and communication with other stakeholders.
Interprofessional student connections	Formal and incidental opportunities for interprofessional student interactions and peer support are included in the placement design.
Connections with First Nations communities	Rural placements include connections with First Nations communities and the opportunity to develop an understanding of local culture. A localised approach to cultural training is adopted, recognising the diversity of First Nations communities and the importance of place-based learning. Cultural training is not considered as a standalone feature of rural learning but is integrated across the placement. Pre-placement cultural training is integral to high-quality rural placements and links broader curriculum content with place-based knowledges.
Community orientation and immersion	Orientating students to the local community fosters social inclusion, deconstructs preconceptions about rural life, and supports student transition into the community. It offers an important opportunity for students to learn about and better understand the community's history, demographics, and opportunities. This process involves exposure to local services, events, and safety processes for managing rural scenarios. Local knowledge and connections are shared with students and provided by key stakeholders.
<i>Processes, people, and pedagogy</i>	
Trained, supported supervisors	Supervisors receive practical workplace support through resources and time for supervision activities. They complete professional development, are supported by the home university, and access mentoring and networking opportunities to enhance their supervisory skills.
Logistical planning	Logistical planning for high-quality placements involves four phases: encouraging students to consider rural placements, early allocation for preparation, clarifying roles and expectations, and pre-placement organisation and communication.

Table 3 (continued)

Feature	Definition
Pre-placement preparation	Pre-placement preparation focuses on helping students understand the potential benefits of rural placements, prepare to engage with the learning, and undertake planning required to access these placements (such as financial and accommodation considerations). Students are provided with information about the rural location, placement site, and broader community to help them prepare. Students have clarity on the expectations of the placement.
Placement site orientation	Pre-placement communication provides opportunities for students to connect with host site staff and supervisors and to begin learning about their placement setting. On arrival, orientation to the placement site reduces student anxiety, supports student safety, and builds a sense of belonging by further establishing connections with key site stakeholders.
<i>Placement infrastructure, resources, financial support, and safety</i>	
Environmental and psychological safety	Students have a psychologically and physically safe environment (including information on road safety). Learning environments support students to feel comfortable to ask questions and feel included in the workplace.
Wellbeing supports	Wellbeing supports comprise informal and formal resources, networks and activities that enhance a student's overall health during placement. They are provided by various stakeholders (including peers) and integrated into the design of the placement. These supports seek to make students feel supported while they develop their skills.
Accommodation	Student accommodation is available in the placement locale. It is affordable, clean, convenient, and safe. Ideally, accommodation provides access to learning spaces, internet access, and communal spaces. Shared accommodation fosters social connections and peer support.
Transport	Access to suitable transport is crucial for students to safely access their placement location. Transport options and support are determined by the community context and rurality and reflect local resources.
Financial supports	Financial support is provided for students to undertake placements in rural locations. These supports include various types of remuneration including funding for travel, placement grants or subsidised accommodation. The provision of timely financial support is important and can influence student learning and community experiences.
Education resources	Students on rural placements have access to the internet, physical/clinical equipment, and appropriate learning spaces.

could inform international policy, practice and further research, supporting the development of placements that are educationally effective and socially accountable.

The framework draws on data from regional through to very remote settings and may be transferable to other OECD countries with similar geographical variability. Scotland is one example, where a substantial proportion of the land mass is classified as remote, rural, or accessible rural under the Scottish Government's Urban Rural Classification system. The framework could inform Scottish workforce strategies strengthening the focus on placement quality in remote and rural settings and highlighting their distinctive characteristics. While Scotland has well-established quality standards and indicators for practice learning (e.g. Scottish Funding Council (2024)), underpinned by a national tertiary quality framework, the framework could be considered in the development of standardised resources to operationalise national policies while accounting for geographical nuances in health practice.

The framework also appears to be of relevance to the Aotearoa New Zealand rural health professions education context. The New Zealand Rural Health Strategy's (2023) emphasises experiential learning as a means to expand the rural health workforce and highlights finan-

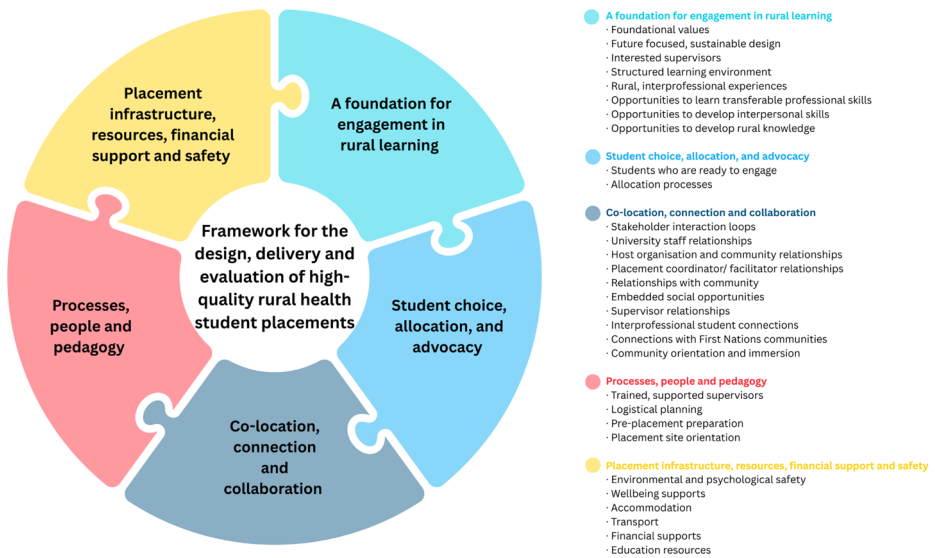


Fig. 3 A framework for the design, delivery, and evaluation of high-quality rural health professions student placements

cial supports, including accommodation and travel assistance for students. These align with the framework's placement infrastructure concepts. The framework could support development of explicit standards for rurally based experiential learning in the New Zealand Qualifications and Credentials Framework and help extend the Quality Evaluation Guidelines for Work-Integrated Learning in New Zealand Universities to include place-based content. Any adaption to Aotearoa New Zealand would need to attend closely to Māori education approaches in the context of higher education (Waitoki et al., 2024).

The framework aligns closely with current Australian policy directions. The Australian Universities Accord Final Report (2024) calls for more support for rural and remote students, explicitly acknowledging the financial burdens of placements (see Beks et al. (2024)). The framework offers further insight into which activities and infrastructure require funding, and the type of support needed, including travel and accommodation. The framework also offers higher education providers a useful vehicle to address key domains of the TEQSA Higher Education Standards framework in a place-based manner, particularly 5.4.1: quality assurance in the course of delivery with other parties, and 1.4 learning outcomes and assessment (Australian Government, 2021). The Co-location, connection and collaboration component provides 10 categories of activity for universities to consider, demonstrating how they can meet these standards through engagement with rural services, students and communities.

These Scottish, Aotearoa New Zealand and Australian examples demonstrate the potential utility of the framework to guide placement activities internationally, particularly within OECD listed countries. The work of Van Schalkwyk et al. (2020) also demonstrates that the framework is potentially adaptable to other settings. They conducted a four-year participatory action research project involving national workshops, stakeholder consultations, and iterative feedback cycles to co-develop a national framework and implementation tool for distributed health professions training in South Africa (Van Schalkwyk et al., 2020). The

final version of their framework for effective distributed health professions training (Van Schalkwyk et al., 2020, pp. 6–7) has several similarities with the framework developed in this study. Further work is warranted to explore these similarities and the utility of our framework in countries that are not OECD listed to determine the extent to which the framework is applicable in these settings. As countries increasingly focus on rural health professions education policy and governance, the framework provides an empirical foundation for developing national evaluation rubrics or indicators to monitor and evaluate placement quality over time.

In addition to its potential utility in policy and governance implications, the framework has a practice-based focus that can be implemented immediately by those designing, delivering and evaluating rural placements. Developed from a rural standpoint, the adoption of the framework in practice may generate discussion around rural knowledges, culture, and ethics within experiential learning; foundational concepts in rural health care provision and access (Quilliam et al., 2023). The framework provides a basis for a range of place-based activities and resources important during placements, such as onboarding new employees, pre-placement preparation, mapping learning activities, professional development for staff, and as a tool for developing key performance indicators (Green et al., 2022; Quilliam et al., 2026). Its application need not be confined to health professions student placements and could be adapted to other disciplines seeking to understand features of quality rural placements, such as law (Walsh, 2025), veterinary science (MacGillivray et al., 2023; Matthew et al., 2017), and teaching (Reagan et al., 2019).

Considering the diverse applications of the framework, there are abundant opportunities for future research. The framework was designed to be conceptually and practically useful, while also encouraging further dialogue. This is particularly important given that quality is a dynamic concept, requiring ongoing reflection, learning, and adaptation. High-quality does not imply uniformity. We acknowledge that high-quality rural placements cannot be sustained through reliance on past achievements or rigid standards alone. Continuous improvement approaches—such as developmental evaluation or broader quality improvement frameworks—provide mechanisms to support the dynamic and evolving nature of placement delivery (Guijt et al., 2012). These approaches encourage the regular use of data, critical reflection, and iterative learning to inform and adapt practice in real time. Health professions student placements must remain responsive to local contexts, resources, and student needs. To enable this, funding models and policy settings must support context-responsive, locally tailored approaches that continually review and refine the concept of quality.

Strengths and limitations

The primary strength of this study is its use of multiple data sets brought together through rigorous methods to provide an integrated overview of the features of quality in rural health professions placements. There are, however, limitations associated with the individual studies that contributed data. The scoping review (study 1) was limited to research on Organisation for Economic Co-operation and Development (OECD) listed countries, given rural health student placements in these countries may differ significantly to those in non-listed countries. Future research could investigate components of rural health professions student placements in non-OECD listed countries and compare these with those in the framework.

The use of snowballing recruitment for some components of the research may have introduced bias, with participants who hold strong or positive views on rural placements more likely to participate. Data from all rural placement stakeholder groups was gathered in the scoping review (study 1), with data collected from university staff involved in rural health placements broadly (in study 2) and rural health placements specifically (in study 3). As such, the framework may be more representative of university staff perspectives. Future research should explore the views of other stakeholder groups—particularly students, placement site staff, and rural community members—in more depth.

Conclusion

This paper has presented a comprehensive framework for high-quality rural health professions student placements, developed through a multi-study research program and grounded in rural standpoint theory and experiential learning. The framework identified five overarching components and 30 features that collectively support the design, delivery, and evaluation of placements that are educationally effective, culturally responsive, and contextually relevant. By centring rural perspectives and acknowledging the complexity of place-based learning, the framework moves beyond traditional quality proxies and offers a nuanced, actionable guide for universities, placement providers, and rural communities. It holds significant potential to inform policy, enhancing practice, and guide future research in rural health professions education. Importantly, the framework supports continuous improvement and adaptation, recognising that placement quality is dynamic and must respond to evolving student needs, community contexts, and workforce priorities.

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Declarations

Competing interests The authors declare no competing interests.

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