Physiotherapy student clinical placement experiences in private practice: A systematic scoping review

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This scoping review responds to the question: What does the international peer-reviewed evidence reveal about physiotherapy students' clinical experiences in private practice settings? Seven databases were searched, resulting in a sample of nine studies. Most (*n*=8) were published after 2020 and in Australia (*n*=7). Study aims, design, and methods were diverse. Generally, private practice placements were perceived to be safe and beneficial for students, private practices, and universities, although various perceived benefits and challenges were also identified. Most research in this area has been conducted with small, localized participant samples and no study has evaluated proposed solutions; this should be a shared priority between universities, practices, and professional bodies. Other disciplines face similar challenges and there is an opportunity for health professions to band together to find strategic interprofessional solutions. New ways of thinking about entry-level curriculum are needed to support the transition of new graduates directly into private practice.

Keywords: Clinical education, physiotherapy, placements, private practice, scoping review

Learning in the clinical setting is a fundamental part of physiotherapy entry level curriculum. The clinical part of the curriculum aims for physiotherapy students to gain deep and contextual learning with clients across the lifespan, stages of recovery and rehabilitation, and in different work contexts, ensuring they are work-ready while meeting professional competencies and the needs of the workforce (World Physiotherapy, 2019, 2021).

The global landscape of physiotherapy practice has changed in the last 20 years and underscores the importance of clinical learning in private settings. In 37 countries represented by World Physiotherapy, clients are allowed direct access to private physiotherapy and 52% of physiotherapists worldwide are now educated to be autonomous or first contact practitioners (World Physiotherapy, 2023). Working as a first contact practitioner in a private practice requires additional skills and knowledge, such as an understanding of health insurance, workers' compensation, and private billing processes in addition to high level clinical skills and reasoning (Wells et al., 2021). Thus, clinical experience and learning in the private setting is increasingly required to ensure graduates are work-ready.

In Australia, workforce census data supports the need for clinical learning in private practice settings with over 13,000 physiotherapists, representing 40% of all registered physiotherapists, working in group or in solo private practices (Department of Health and Aged Care, 2024). In the United States, 35% of physiotherapists work in multidisciplinary private clinics with a further 4% being self-employed

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(Bureau of Labor Statistics, 2025). Further, in the United Kingdom, the Roadmap to Practice Project has recognized the growing need for first contact physiotherapists to support general practitioners in primary care settings (Health Education England, 2021).

However, clinical learning in these settings must be meaningful and authentic (Nyoni et al., 2021). Challenges exist, or have been perceived to exist, in the private sector with restrictions on billing practices, meaning students cannot experience charging for their time (e.g., University of British Columbia Department of Physical Therapy, 2019). Further, there is a perception from private practitioners that the time and space taken by hosting a student impacts their income (e.g., Australian Physiotherapy Association, 2017, 2018; Clinical Education Managers of Australia and New Zealand, 2018). For example, third party funding arrangements pose restrictions on the activities that entry-level students might engage in or the extent to which students might be involved (Australian Physiotherapy Association, 2017, 2018; Clinical Education Managers of Australia and New Zealand, 2018). Perceived financial challenges seem to create a reluctance to offer private practice experiences, with students unable to gain a full experience of working in this setting. Yet many graduates elect to work in the sector and require exposure with wide-ranging learning opportunities to gain confidence to be work-ready.

Learning in private practice settings is a necessity to provide authentic clinical experiences that meet the requirements of the workforce. While some research has explored the experiences of students and supervisors in these settings, the literature remains fragmented and lacks a comprehensive synthesis, so it is timely to gain detailed empirical insights about how the profession might utilize and support private practices to expand students' learning opportunities in this critical area of physiotherapy practice. The aim of this scoping review was to examine and map the international research related to physiotherapy student clinical placement experiences based in private practices; identify challenges, gaps, and opportunities; and inform future strategies for supporting high-quality clinical education in private practice environments. This scoping review responds to the question: What does the international peer-reviewed evidence reveal about physiotherapy students' clinical experiences in private practice settings? Such a review has the potential to help align educational preparation with workforce realities and contribute to more sustainable placement models across the sector.

METHODS

A scoping review was chosen over a systematic review in light of the project's aims (Arksey & O'Malley, 2005; Munn et al., 2018). The approach was informed by best practice guidelines related to scoping review methodology (Arksey & O'Malley, 2005; Peters et al., 2020; Pollock et al., 2023) and reporting (Tricco et al., 2018). The protocol was registered with the Open Science Framework Registration (n.d.).

The Research Team

Four of the authors are physiotherapists, with prior clinical experience in private practice as well as direct experience of physiotherapy clinical education, either as a supervisor and/or placement coordinator. Sarah is an academic with an interest in workforce development and helping students learn for changing practice, which is evolving over time due to different needs of society. Kerrie is a practicing physiotherapist and clinician-researcher whose work focuses on musculoskeletal care and strengthening clinical practice through research-informed professional development initiatives. Hayley is enrolled in postgraduate studies and is a musculoskeletal physiotherapist with 13 years' clinical experience. Lucy is an experienced academic with a history of scholarly outputs in health

professional education. Bernadette, the final member of the team, is an academic librarian. All have experience in scoping review methodology.

Search Strategy and Inclusion Criteria

The search strategy was developed collaboratively by the research team using the elements of Participant-Concept-Context (Peters et al., 2020) and drew on knowledge of the literature, professional perspectives and experience, discussion among the research team that included an academic librarian and feedback from academic peers. Sentinel articles (i.e., key literature expected to be retrieved through the searches) were identified. Test searches were conducted and refined for all databases. All initial and refined test searches identified these sentinel articles. The following databases were searched on March 14, 2024, and updated on March 13, 2025: Medline (Ovid, 1946-present), Embase (Ovid, 1947-present), AMED (Ovid, 1985-present), CINAHL (EBSCOHost, 1937-present), ERIC (Ovid, 1966-present), Scopus (1996-present), and Web of Science Core Collections (Classic interface, 1956-present) (Appendix A). Inclusion and exclusion criteria are outlined in Table 1.

Grey literature was not included in this scoping review because the aim was to explore the empirical, peer-reviewed research and ensure that the search strategy was transparent, reproducible, and aligned with the review's objectives. While grey literature can be valuable, it can also present challenges: limited access (i.e., member only documents), lack of consistent indexing (i.e., increasing risk of missing materials), and uncertain currency (i.e., lack of clear version control and whether a document has been superseded).

TABLE 1: Inclusion and exclusion criteria.

Inclusion criteria	**Exclusion criteria**
Literature that has primary focus on physical therapy private practice placements / clinical education	Not focused on physical therapy private practice placements / clinical education
Entry-level (i.e., pre-registration) physical therapy contexts	Post-qualification physical therapy placements
	Student-led clinics
	First contact physical therapy settings that are not private practices (i.e., advanced scope clinics in a hospital setting)
English language	Languages other than English
Peer reviewed journal articles	Other publication types
No time limit	Unable to source full text

Selection of Relevant Literature

Using Covidence software, two team members independently screened titles and abstracts (SB and KE) with a third (LC) to resolve conflicts. Full text screening followed and was performed by the same two team members (SB and KE), with the third (LC) resolving conflicts. The reference lists of included studies were also hand-searched to identify additional relevant peer-reviewed literature.

Data Charting

The research team developed and agreed on a data charting template (Appendices A and B). Data were extracted within Covidence and included: study title, authors, year of publication, country, aim of study, research question/s, stakeholders involved (i.e., students, practitioners, clients, other), characteristics of placement (length, stream), supervision model, study design and methods, data and outcome measures, study findings (qualitative, quantitative, demographics, summary), and recommendations. After an initial discussion about the process, two members of the research team (SB and HT) completed the following stages of charting: 1) pilot charting of three articles (i.e., reliability verification stage), and 2) charting of the remaining literature of the sample. Charting took place independently and in parallel.

RESULTS

Study Selection

Once duplicates were removed, 394 records were obtained and screened. Thirty articles were identified for full text screening and eight met the inclusion criteria and were included in the final sample (Figure 1). In addition to the database searches, the reference lists of the eight included articles were hand searched, identifying one additional manuscript, resulting in a final sample of nine.

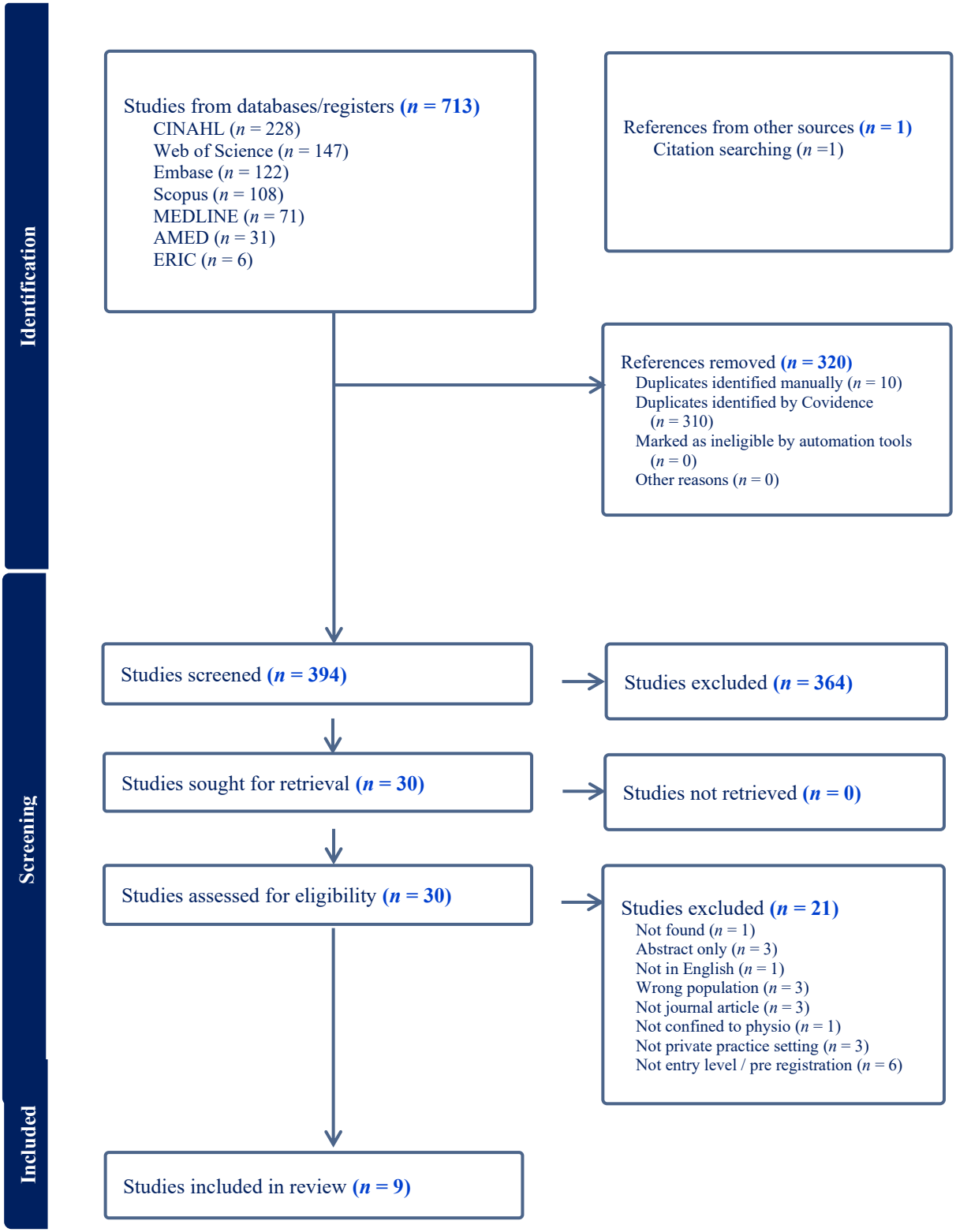
Overview and Placement Characteristics

The key characteristics of the included studies are summarized in Table 2, with more specifics provided within Appendix A. Most studies (*n*=8) were published from 2015 onwards. Seven studies were conducted in Australia. The length of investigated placements tended to be five weeks as, in Australia, there is a nationally accepted 5-week placement model. Musculoskeletal caseloads were most common (*n*=7).

TABLE 2: Summary of placement characteristics.

Characteristic	Summary across studies
Country	Australia (7), USA (1), New Zealand (1)
Stakeholders	Clients (3), Students (2), Practitioners (3), Practice owners (2), Business overall (2), Clinical education managers from tertiary programs (1)
Placement length	Australia (5 weeks), USA (4-8 weeks), New Zealand (6 weeks)
Hours attended	Not stated (6), full-time (3)
Stream	Not stated (3), Musculoskeletal (3), Mixed (3)
Placement model (student:staff supervisor ratio)	1:1 or 2:1 models most represented
Supervision model	Diverse

FIGURE 1: PRISMA flow diagram illustrating scoping review screening process.



Study Characteristics (Appendix A)

Study aims were diverse but largely explored client and practitioner perspectives, especially benefits and challenges, or financial outcomes and productivity (*n*=7). One study also explored the perspectives of placement-focused academics (Peiris et al., 2022), another evaluated the type of caseloads students encountered on a final-year placement (Kennedy et al., 2022), and one other study evaluated strategies used by private practices when hosting students (Forbes et al., 2020). Study designs varied with three studies collecting both quantitative and qualitative data to address their research questions. Data included surveys, individual and group interviews, case logs, billing information, productivity reports and patient-reported outcomes.

Summary of Quantitative Results (Appendix B)

Placement model and caseload

Peiris et al. (2023) found that student placement experiences in private practice consisted of graded exposure to client care, including observation, shared client consultations, and providing client consultation under supervision with students, with increasing exposure based on their developing competence. Kennedy et al. (2022) found that final-year students were exposed to cases encompassing key body parts (i.e., shoulder, knee, ankle, neck, and lumbar spine) and musculoskeletal conditions (i.e., sprain and injuries to muscle and/or tendon injury) but that exposure was limited in scope.

Client-related insights

Data from Kent et al. (2015) showed that clients tended to be agreeable to students being present during physiotherapy sessions but there were differing preferences regarding the extent of student involvement in their care (i.e., from observation to supervised care), especially from clients with certain healthcare needs or from particular backgrounds. Supervised student care in private physiotherapy practice did not appear to have a detrimental impact on client-reported outcomes in the study conducted by Chia et al. (2022), although what was considered as 'supervised' was not explicated.

Business-related insights

Studies that investigated billing and productivity found that students within private practices have a positive economic impact following their initial placement week (Forbes et al., 2021), especially final year students (Coulson et al., 1991).

Summary of Qualitative Results (Appendix B)

Qualitative findings mainly reflected perceived benefits and challenges/concerns of clients and practitioners related to private practice placements. Generally, private practice placements were perceived by all stakeholders to be safe and beneficial for students, private practices, and universities. The main risks were identified by clinical education managers and were related to the quality and consistency of the student's experience on placement, not risks to service or clients. Some studies canvassed suggestions from practitioners to build private practice placement capacity (Kent et al., 2015; Peiris et al., 2023). The suggestions involved a shift in focus of entry-level curriculum and formalized supports from universities, as well as the introduction of an intern type year for graduates working in the private practice sector. Below is a summary of the benefits and risks from each stakeholder perspective.

Benefits

The perceived benefits reported by clients included:

- supporting the learning of future practitioners (Kent et al., 2015), and
- a value-add to their session (another opinion, up-to-date knowledge) (Forbes et al., 2022; Kent et al., 2015).

The perceived benefits identified by practitioners or the business included:

- professional development (Forbes et al., 2022; Peiris et al., 2023),
- supporting the learning of future colleagues (Forbes et al., 2022),
- future recruitment (Forbes et al., 2022; Kent et al., 2015;),
- provision of additional services to clients (Peiris et al., 2023), and
- university support through financial renumeration and/or education (Peiris et al., 2023).

Challenges and concerns

The concerns of clients included:

- lack of student experience (Kent et al., 2015) and
- the quality of supervision by the overseeing practitioner (Kent et al., 2015).

The challenges identified by practitioners or the business included:

- time (i.e., an additional responsibility) (Forbes et al., 2022; Kent et al., 2015; Peiris et al., 2022; Peiris et al., 2023),
- lost revenue (Kent et al., 2015; Peiris et al., 2022; Peiris et al., 2023),
- third-party funding restrictions (Peiris et al., 2023),
- limited skills and knowledge gaps of students (Kent et al., 2015),
- reputational risk of poorly performing students (Peiris et al., 2023),
- lack of physical space to accommodate students and extra consultations (Forbes et al., 2022),
- access to appropriate clients (Forbes et al., 2022), and
- lacking teaching or supervisory experience or lacking specific knowledge pertaining to how best to support students from particular courses at different stages of their degree (Kent et al., 2015).

One study (Forbes et al., 2020) explored the strategies that practices utilized to help successfully integrate students to the setting. Four main approaches were described: development of systems; service provision approaches; specific teaching methods; and seeking support from the university.

Summary of Study Recommendations (Appendix B)

To build capacity for student learning in private practice, recommendations for research included the need for larger, longitudinal studies and effectiveness-based research to support legislative and funding changes, as well as studies that focus on diverse practice types, supervisory models, and different teaching approaches (Chia et al., 2022; Coulson et al., 1991; Forbes et al., 2020; Forbes et al., 2021; Kennedy et al., 2022; Peiris et al., 2023). Prospective, economic, and feasibility studies would help evaluate sustainability of clinical placements in private practice (Chia et al., 2022; Forbes et al., 2021; Kent et al., 2015). Studies also suggested greater involvement of private practice clinicians in entry-

level curriculum (Chia et al., 2022; Kent et al., 2015; Peiris et al., 2022), reconsideration of placement models (Kennedy et al., 2022; Peiris et al., 2023), formalized education and support for private practitioners (Forbes et al., 2020; Forbes et al., 2021; Forbes et al., 2022; Kent et al., 2015; Peiris et al., 2022; Peiris et al., 2023), and ensuring client preferences and consent align with student involvement in their care (Kent et al., 2015).

DISCUSSION

Despite their shared focus on physiotherapy student placements in private practice, this review highlights considerable diversity in the aims, methods, and reported outcomes across the nine included studies. Analysis reveals that private practice placements offer a range of learning experiences for physiotherapy students, typically involving graded exposure to client care through observation, shared consultations, and supervised practice, with progression based on competence. Students were mostly exposed to musculoskeletal conditions, but the scope of clinical presentations seems to be limited to common presentations. Client-related findings indicated general acceptance of student involvement, though preferences varied depending on individual needs and backgrounds. Importantly, supervised student care did not seem to negatively affect client-reported outcomes, and some studies suggested a positive economic impact for practices, particularly with final-year students. Qualitative insights highlighted that private practice placements were broadly perceived as safe and beneficial by clients, practitioners, and universities. However, challenges were also noted, such as time demands, financial constraints, supervision quality, and limited physical space. Practitioners also expressed concerns about student preparedness and reputational risk. Several studies proposed strategies to build placement capacity including curriculum adjustments, formalized university support, and the introduction of an intern-style transition year for graduates entering private practice. These recommendations align closely with key themes in the broader work-integrated learning (WIL) literature, particularly regarding the quality, consistency, and impact of student experiences in real-world settings (e.g., Zegwaard & Pretti, 2023).

Clinical learning in private practice settings has been acknowledged by universities, employers, and students as essential for preparing graduates to be work-ready in an increasingly complex healthcare environment. However, there remains ongoing debate about the most effective ways to fully prepare students for this setting. It can be argued that preparation for working in private practice is not fully possible at university (Barradell, 2023a) and perhaps the nature of private practice means it will always be a more challenging learning environment for students (Watson & Minns Lowe, 2024). The findings from Darlow et al. (2024) that suggest private practice is competitive at the expense of collaboration and scrutiny may mean that individual business models limit the extent to which this environment can meet educational demands. Nonetheless, in addition to challenges, the findings of this scoping review highlight that benefits exist, or are perceived to exist, from hosting students in this sector. Those benefits extend to clients, practitioners, and businesses. First, private practice placements support the development of future graduates but also the learning of the host practitioners, especially if practitioners can access education from universities. Second, hosting students aids future recruitment to the practice setting. Third, students can provide additional services to clients, with clients valuing their up-to-date knowledge.

The conversation related to the value of private practice placements has circulated within the profession for years. The conversation has not, however, been solution-focused and this is imperative in the current climate where the demand for physiotherapists is high, yet retention in the profession is problematic. For example, 63% of students/graduates feel that physiotherapy work was not what they

anticipated with 49% feeling unprepared for a heavy workload (Australian Physiotherapy Association, 2023). In addition, 19% of physiotherapists intend to leave the profession in five years with renumeration (45%), burnout (32%), and lack of career progression (24%) cited as reasons (Australian Physiotherapy Association, 2023). If students do not get valuable training and continue to go into practice unsupervised, there is a threat not only to their job satisfaction and professional growth, but also to inadequate, or worse, unsafe, treatments, which represent a risk to the population. Physiotherapy is in danger of losing its place in the market if it does not act to find solutions with urgency. Bold, collaborative, and cohesive steps forward are needed to move the profession from exploring barriers, to finding and testing solutions with multiple stakeholders having the opportunity for input and output. Effective solutions require a multifaceted approach from tertiary institutions, private practice providers, and professional/accrediting bodies by, for example, rethinking curriculum requirements, placement models, and foundational skills. Solutions should involve broad stakeholder input and extend to other healthcare disciplines and students whose perspectives remain largely underutilized.

All of the placements within the included studies were based on sustained immersion in the private practice environment for around five weeks' duration. This is a traditional placement model for physiotherapy, especially Australia (Stoikov et al., 2023), where most of the included studies were based. These types of placements tend to focus on learner readiness for patient-facing areas of professional practice. Addressing the inherent complexity of private practice settings may require the development of standardized, scaffolded learning frameworks that provide graded exposure and structured supervision to students, thereby ensuring that students are tasked with activities that correspond with their level of competence, gradually entrusted with increasing responsibility, supported by structured guidance (Billett, 2011). University educators should collaborate with private practices to ensure that student activities are grounded in established theories of workplace learning (Carpendale & Mitchell, 2023; Patton et al., 2013). However, there are a range of other ways to provide experiential learning opportunities and WIL to healthcare students, including simulation and online or virtual modules involving case studies and consolidation of practice-based skills (Barradell, 2023b). Depending on their design, these activities may form part of WIL (i.e., when they involve collaboration with an external stakeholder), otherwise they can function as valuable preparation for WIL. Additionally, and increasingly since the pandemic, tertiary institutions have begun offering placements and other forms of WIL that focus on different areas of employability such as research (Dario & Simic, 2021) and project management (Lawton et al., 2021) or merging models of WIL such as micro-placements (Kay et al., 2019). There is potential to consider private practice learning opportunities within healthcare curricula in similar ways, for example, experiential learning related to business management and other administrative workload specific to private practice settings, which seem to be most challenging to new graduates (Atkinson & McElroy, 2016; Lawton et al., 2024; Zou et al., 2023). Short intensives involving professional mentoring to explore complex cases or address contextually specific knowledge, skills and behaviors that new graduates report as challenging (Chipchase et al., 2022; Evans et al., 2024) might also be valuable.

Collaboration with regulators and accrediting and professional bodies may help universities and other stakeholders navigate what is a complex workforce issue. Clinical education in physiotherapy might be considered a particular Landscape of Practice (LoP) with private practice its own unique Community of Practice (CoP) (Jackson et al., 2025). As one CoP among a range of other industry partners and stakeholders, there are likely opportunities for greater alignment of efforts to respond to the challenges. Evidence highlights tensions between the expectations of tertiary institutions, private practice employers and graduates, and the foundational competencies required for entry-level success in

private practice (Wells et al., 2021; Zou et al., 2023) suggesting that efforts to build consensus around essential knowledge, skills, and attitudes might be beneficial. Transition programs and development pathways for new graduates in private practice might be a helpful solution, providing support from more experienced colleagues as well as workplace accommodations, such as longer consultation times and a smaller caseload when starting out (McAleer et al., 2023). For example, new graduates might first need to work in a structured role in a large practice rather than starting out working largely alone in smaller practices or one they have established themselves. Practices that support the transition for new graduates might receive accrediting recognition for their contribution to this development pathway. Physiotherapy might look to professions such as nursing (e.g., Australian Primary Health Care Nurses Association, 2025; Health Education England, 2017) that already have formal transition programs in operation to help qualified nurses move to primary care settings.

Physiotherapy is not alone in terms of the needs of its future workforce. Other disciplines such as dietetics (Blair et al., 2022; Donnelly et al., 2025) and podiatry (Reynolds & McLean, 2021) face similar challenges. These shared challenges present an opportunity for allied health professions to band together to find strategic interprofessional solutions (e.g., Australian Health Practitioner Regulation Agency, 2024) such as interdisciplinary clinics (Hopkins et al., 2021), which can act to meet multiple professionally relevant competencies. The data from this scoping review is relevant for universities, practices, and professional bodies. The findings support the contention that physiotherapy education and practice would benefit from reimagining entry-level curriculum (Barradell, 2017; Chipchase et al., 2018) and rethinking work readiness (Barradell, 2023a). For example, while in existence, student-led clinics could pivot to provide valuable clinical and administrative learning while also meeting the healthcare needs of communities, especially in instances where funding is restricted (Prestes Vargas et al., 2025). Clinics that are truly *designed and operated* by students provide unique opportunities to learn professional, communication, and collaborative skills, especially exposure to the administrative demands of practice that are often reported as lacking on graduation. The transition to practice is important and there will always remain a need for employers to support and train post-graduation (Chipchase et al., 2022; Evans et al., 2024).

The insights generated from this scoping review therefore extend beyond physiotherapy, offering valuable contributions to the wider field of health professional education. As private practice becomes an increasingly prominent setting for clinical work across disciplines, including occupational therapy, speech pathology, podiatry, and psychology, the challenges and opportunities identified in physiotherapy placements may resonate across professions.

This review underscores the need for clinical education models that are responsive to evolving workforce patterns. Traditional placement structures, often designed around public sector institutions, may not adequately prepare students for the realities of private practice, where business imperatives, time constraints, and supervisory capacity present unique challenges. This review, and the recommendations we offer in response, highlight the need for strategies that can support sustainable, high-quality placements in private settings, including flexible supervision models, targeted student preparation, and stronger university-practice partnerships.

This review was limited to English language, peer-reviewed journal articles. The exclusion of grey literature, such as reports and policy documents related to placement experiences within private practice, might be considered a limitation, however, the empirical insights garnered through published research aligned with the study's research question. Through an extensive series of test searches, a search strategy focused on private OR "first contact" OR "fee for service" was utilized. International

differences across healthcare systems and primary care settings were discussed by the research team and explored in test searches. Ultimately, the search strategy that was adopted was most applicable for the health setting of interest (i.e., privately owned physiotherapy businesses).

This scoping review highlights the limited research in this field, suggesting that further studies are required to address the rising demand for clinical placements and to understand how to prepare students for work in private practice. However, the research effort, and the recommendations of the studies included in this scoping review, provide a useful starting point to determine how to build capacity and enhance physiotherapy clinical learning experiences in this setting. To date, no published work has documented the experiences of students. In some studies, students were indirectly involved as sources of data (i.e., through analysis of their occasions of service) but there appears to be limited intention to listen to, value, and appreciate student experience to date. This oversight represents a significant gap in the literature, particularly given the central role students play in the success and sustainability of placement models. It is recommended that work is undertaken that involves students in the design and evaluation of private practice placements and other forms of experiential learning, and uses participatory approaches to ensure placements reflect learner needs and workplace realities. Finally, and importantly, no published study has tested their recommendations to create new or enhanced placements, meaning research to date is largely exploratory, lacking robust evidence to guide implementation or policy reform. Longitudinal data is needed to assess the impact of various solutions on placement quality and capacity, especially student competence, patient outcomes, and practice sustainability.

CONCLUSION

For the physiotherapy profession to meet workforce demands, clinical learning in private practice settings is an imperative. This scoping review provides empirical evidence to support anecdotal feedback about the safety, benefits and risks associated with entry-level physiotherapy placements in private practice settings. However, research to date has not been solution-focused and this should be a priority. Providing experiences and building capacity are responsibilities shared by universities, practices, and professional bodies, with steps needed to think differently about entry-level curriculum, the transition to new graduate, and private practice pathways. Furthermore, the findings may inform the development of interprofessional placement models, particularly in multidisciplinary private practices where collaboration is essential. They also have implications for policy makers and accreditation bodies seeking to ensure that clinical education remains relevant, equitable, and accessible across diverse practice environments. Ultimately, this review contributes to a growing conversation about how to better prepare health professional students for contemporary practice. By mapping the landscape of private practice placements in physiotherapy, it lays the groundwork for cross-disciplinary innovation in clinical education and supports a more integrated, future-focused approach to workforce development.

DISCLOSURE OF THE USE OF GENERATIVE AI

Artificial intelligence (AI) tools were not used in the conduct of this research.

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APPENDIX A: Overview and placement characteristics.

Author/s	Country	Stakeholder/s involved	Length of placement	Hours attended per week	Stream	Placement model	Model of supervision
Chia et al. (2022)	Australia	Clients	5-week placement	Full time (hours not stated)	Not stated (but draws from Forbes et al., 2021 sample)	1:1 in clinic A and B, 1:2 in clinic C	The survey asked patients to report the proportion of consultation time that involved students but not how they were involved.
Coulson et al. (1991)	USA	Students, Practitioners, Business	4-8 weeks (average 5.39 weeks)	Not stated	Not stated	1:1	Shares client consultations with a physical therapist; Provides client consultations under supervision of a physical therapist. And '…other activities that the CI or PTS was involved in that may also have affected their patient billing.' (p. 30).
Forbes et al. (2020)	Australia	Owner / manager representatives of private practice placement providers (i.e., made decisions about whether to host students)	5-week placement	Not stated	All predominantly musculoskeletal caseload	3 of 10 participating providers had hosted multiple students at the same time	A variety of models including: longer consultations where students could provide a proportion of patient care; student/therapist teams ensuring continuity of care and involvement of their therapist while student supervised.
Forbes et al. (2021)	Australia	Business	5-week placement	Not stated	Musculoskeletal (*n*= 10), sports, women's health (*n*=1), postoperative (*n*=1)	Mixed - 1:1 (*n*=4), 2:1 (*n*=2), 3:1 (*n*=1), 4:1 (*n*=2), 1-3:1 (*n*=1), 2:2 (*n*=1), 1:2 (*n*=1)	Shares client consultations with a physiotherapist; Provides client consultations under supervision of a physiotherapist
Forbes et al. (2022)	Australia	Practitioners; Practice owner-managers responsible for deciding whether to host students	5-week placement	Not stated	Musculoskeletal	Two participants indicated their practices hosted multiple students at a time.	Other: not explored

Kennedy et al. (2022)	New Zealand	Students; Clients	6-weeks	Stated as 'full-time'	Not stated but results suggest mainly musculoskeletal.	N/A	Provides client consultations under supervision of a physiotherapist
Kent et al. (2015)	Australia	Practitioners; Clients	Not stated	Not stated	Musculoskeletal	Not stated	Not explicit although it is mentioned that 'students at three of the four practices had limited autonomy and rarely undertook complete patient consultations...it was more likely that they would engage in a segment of the consultation conducted by the clinician.'
Peiris et al. (2022)	Australia	Clinical education managers from Australian entry-level physical therapy programs	5-week placement	Not stated	Expected clientele: musculoskeletal 100%, sports 50%, pediatrics/aged care/gender health 35%	Typical ratios 1:1 50%, 2:1 30%, other 20%	Not a focus of the study but participants reported private practices would often use a combination of models dependent on students' stage of learning
Peiris et al. (2023)	Australia	Practitioners; Business	5-week placement	Average 37.5hrs/week	Musculoskeletal/sports 64%, Mixed 11%, Neurological 4%, Men's and women's health 9%, Aged care, 9%, Pediatrics 2%	1:1 55%, 2:1 32%, other 14%	Observation of client consultations provided by a physiotherapist; Shares client consultations with a physiotherapist; Provides client consultations under supervision of a physiotherapist.

APPENDIX B: Summary of results and recommendations from included studies.

Author/s	Quantitative results	Qualitative and Other results	Recommendations provided by author/s
Chia et al. (2022)	There were no significant associations between patient-reported GRoC and: (1) student involvement in patient care; (2) number of consultations involving students; (3) proportion of physical therapy time involving students; or (4) frequency of student involvement in treatment delivery ($p > 0.05$).	N/A	Methodological: • Larger sample size and power. • Survey from other types and locations of practices. • Should explore willingness of patients to pay for students' physical therapy services within private practices, and the involvement of supervised students in relation to private practice service delivery and productivity, given that productivity concerns are reported as major barriers to hosting students in private practice settings.
	Supervised student care in private physical therapy practice does not appear to have a detrimental impact on patient-reported outcomes. These findings may address concerns relating to student involvement in patient care within this setting.		Practice: • '....when combined with the evidence from previous reports that supervised student care in private practices may potentially benefit patient care through providing additional time and services (Kent et al., 2015; Peiris et al., 2019), may help to improve the feasibility of hosting physical therapy placements in private practice settings and contribute to sustainability of physical therapy clinical placements. To achieve greater student involvement in private practices, collaboration and information sharing between key stakeholders including universities, industry partners and physical therapy professional bodies is essential.' (p. 7)
Coulson et al. (1991)	When the students were present, an average daily increase of $216.77 was calculated along with a daily increase of 3.25 patient visits; both of these were found to be significant ($p<0.05$). No significant difference existed in the average charge per patient ($p>0.05$). The results suggest that senior physical therapy students have positive effects on the productivity of private practice clinics while completing their clinical placements.	N/A	Methodological: • Perform studies with larger and random samples of clinics, and not all from same parent corporation. • Perform studies with students in earlier stages of their degree and clinical education. • Consider alternative data collection as errors and bias with use of logs. • Expand areas of interest in future studies (i.e., qualitative data from students, evaluate quality of care received by patients).

			Practice: • Facilities should consider the positive effects students may have on staff (i.e., bring new ideas, help stay abreast and current).
Forbes et al. (2020)	N/A	Four themes/subthemes identified that reflect strategies employed to integrate students effectively into physical therapy private practice: Developing systems (e.g., orientation, supervised by practitioners with an interest in teaching, administrative staff screening client's willingness to have student involved in their care); Student service provision (e.g., different service rates, longer sessions if students involved); Other ways to educate (e.g., peer learning, independently assigned tasks); Seeking support from education provider (e.g., flagging issues early with university, asking university for guidance regarding remedial activities).	Methodological: • Further research should investigate the effectiveness of specific approaches used, particularly peer learning and independent learning activities in private practice settings and the opportunity for particular student-led client care services. By understanding the impact of strategies that address the barrier to hosting students and emphasize the potential benefits to hosting students, it may aid in marketing and securing increasing numbers of student placements in the private sector. Practice: • Practices in the current study recognized that learning could be improved by turning 'down-time' into learning time, by increasing the number and range of learning opportunities, especially if those activities can be clinically relevant or of advantage to the practice. There is potential for education providers to develop and disseminate information regarding independent learning activities, reflection tasks or other valuable activities that students can undertake whilst on placement to maximize their own learning while minimizing time costs to the host practice. As the additional time required to teach is considered to be a barrier to providing placements, education providers should aim to provide practices not only with realistic time commitments associated with hosting physical therapy students but should also offer strategies and support to minimize this impact.

Forbes et al. (2021)	No significant differences in occasions of service and income were found when students were hosted and not hosted, and this remained non-significant after controlling for practice-specific characteristics. The overall mean income per practice was higher for week one of the student placement (95% CI: 657.35 to 1240.95) as compared to week one of the control period, but this finding was not significant. Overall mean income per practice was significantly higher in weeks two to five of the student placement (95% CI: 29.03 to 1732.19) when compared to weeks two to five of the control period. Practices with a higher mean number of FTE staff were more likely to adopt a student-led care model during the student placement period (r = 0.63, 95% CI: 0.51 to 0.73). The results, however, have demonstrated a significant positive effect on practice income across the final four weeks of a student placement, compared to a control period without students, indicating that the inclusion of students within private practices has a positive economic impact following their initial placement week.	N/A	N/A	Methodological: • Further prospective research is recommended with larger cohorts of student placement providers to explore the financial implications of applied supervisory and client care models across settings. Clinical education: • Although placement length is often outside the control of individual placement hosts and education providers, future planning of placement models in physical therapy should consider the effect of placement length on the potential economic impact on host providers. • There is a clear need for potential providers to be informed of the benefits and barriers of student placement models and strategies where service provision can be enhanced (i.e., student led model if staffing fractions allow, hosting more than one student per placement if staffing fractions allow, integration of clinical education into practice activities).
Forbes et al. (2022)	N/A	Five themes emerged: 1) value to client care (mostly considered as value-add); 2) value to staff (largely described as active sharing); 3) value to future planning (i.e., future staff recruitment); 4) contribution to students and the profession (i.e., giving back); and 5) stress associated with resources (i.e., time, physical	Methodological: • Future research should aim to explore time requirements for various activities to more accurately inform private practices of clinical education expectations. • Further research should investigate the experience of those student placement hosts who are reluctant to host students, or those who have not continued to do so, to more thoroughly understand the impact of the challenges faced by this sector.

	spaces, access to appropriate clients for learning). Four of the five themes largely represented benefits.	• This study has indicated that it may be worthwhile to evaluate the effects of implementing support strategies for private practices and their staff in educator roles. Support from the private practice sector and education providers may include strategies to implement and evaluate the effectiveness of student-led services in private practice settings. • The use of phone interviews may have limited rapport, reduced the depth of responses, and prevented researcher observation of non-verbal cues and behaviors. Practice: • Physical therapy student placements should be designed to integrate the needs of the placement provider, the student, and the education provider. Strong communication between education providers, private practice placement providers, and their staff and clients are essential to ensure student learning needs a meet and the cost to practices are minimized. Specific strategies may include allowing flexibility for students to be hosted across multiple sites, flexibility in scheduling and providing practices with resources to facilitate student orientation and additional learning or self-reflection activities. • These findings indicate areas for research to further understand the opportunities for student service delivery in private practice settings and the effectiveness of these services in client satisfaction and health outcomes. • The benefits of investing in clinical placements (i.e., recruiting future staff) should be promoted to private practices and other physical therapy organizations and employers in any discussions around the benefits of clinical placement provision. • Private practices may benefit by providing staff with opportunities to take on educator roles to increase their workplace flexibility and satisfaction and seeking training from the education provider may be beneficial to facilitate these roles within the workplace setting. Training of student placement providers and ongoing support offered by education providers should also equip clinicians with the skills and behaviors that will allow them to better manage the clinical placement experience for students while providing strategies to mitigate the stressors associated with hosting.

Kennedy et al. (2022)	Students saw a mean of 22 (SD 5) unique clients. The anatomical sites most encountered were the shoulder (97.4% of students), lumbar spine (96.3%), knee (95.8%), ankle (91.2%), and neck (90%). The pathologies most encountered were joint sprain (100%), muscle injury (90%), tendon injury (88.4%), and non-specific injury (80%). While final-year physical therapy students are exposed to a substantial number of clients encompassing major regions and condition types, this exposure is limited in scope.	N/A	Methodological: • Future research might clarify the nature of clients that students are exposed to using different classification systems or from other perspectives. • A more complete understanding of exposure would require tracking across multiple placement types and settings, and over multiple years of study. Practice: • The limited exposure to many anatomical regions and pathologies could help to understand the context for feelings of unpreparedness and low confidence experienced by new graduates on entering the workforce. This work highlights the value of critically considering student clinical experiences in relation to new graduate roles. For universities, the findings emphasize the value of time engaged in clinical activities to support exposure to a variety of conditions. For employers, the findings may help in the design of support for new graduate practitioners. The findings of this study indicate that a key challenge is to develop support that enables new graduates to cope with conditions they have limited previous exposure to.
Kent et al. (2015)	The survey data revealed that patients tended to be agreeable to student presence in a consultation but expressed varying preferences regarding the degree of student involvement in their care. Over 85% of private patients were very comfortable with students either observing or completing an interview in private practice; however, participating practitioners did not have a clear system in place for identifying this subset of patients. Only 29% of patients reported being very comfortable with a student delivering treatment. Patients seeking treatment	Open-ended survey questions: Patients altruistic support of student learning in clinical practice was the main reason given for consent. Other benefits included students providing a second opinion and up-to-date treatment ideas. Concerns related to lack of experience and the quality of supervision provided by the qualified physiotherapist. Interviews: Practitioners reported patients were generally positive towards students as observers and	Methodological: • Ascertaining patient perceptions directly after student participation in a consultation would be worthwhile, as many patients surveyed had not experienced student participation in their care, and therefore, opinions were speculative. • Investigating the economic and financial repercussions for private practitioners and universities of undergraduate private practice placements would also inform sustainability. Practice: • Practitioners need to ensure that informed consent for student participation in a consultation is aligned with detailed individual patient preferences.

	for their neck appeared less comfortable with student care, and younger female patients may be less likely to consent to a student proposing and delivering their physical therapy treatment.	needing to learn, but that patient acceptance was more mixed when it came to more student involvement within a consultation. Practitioners reported benefits associated with taking on an educator role, including screening students for future recruitment. They also reported barriers to increasing education opportunities for education in private practice, including lack of time, cost and limited skills of students. Practitioners adopted different approaches to caseload management while hosting students and practice income was a significant consideration. Finally, practitioners reported a lack of teaching preparedness including student prior knowledge and expected competencies, as well as gaps in student knowledge and skills. During the interviews practitioners suggested: • formalized, structured support from universities that included clear description of expected competencies, brief and targeted professional development, and online education • shift in entry-level curriculum emphasis and increasing exposure to private practice learning opportunities • that students should be assessed in a private practice setting • a cadet year for physical therapy graduates to allow ongoing	• Better prepare practitioners for teaching and supervision (i.e., education principles, feedback delivery and assessment, strategies to reduce direct teaching time) • Greater involvement from private practice clinicians within entry-level curriculum

		education and an opportunity to consolidate clinical skills under clinical supervision	
Peiris et al. (2022)	All universities sourced private practice placements, which predominantly occurred in the final year of study. It was found that 44% of students completed a 5-week private practice placement. Considering that students complete more than one placement each, 9% of all clinical placements undertaken were in private practice. All universities provided training on how to assess students using the Assessment of Physiotherapy Practice (APP) tool, as well as individual phone, email and/or face-to-face support. Most universities also provided other training opportunities.	Six identified themes: Private practice placements are increasing, but more are needed; Training and support are offered, but engagement is low; A combination of placement models is used; Private practice placements are beneficial and low risk; Private practice placements cost time and money; Enhancing engagement to increase capacity and quality. Private practice placement experiences were perceived to be safe and beneficial for students, private practices, and universities. The main risks identified by clinical education managers were related to the quality and consistency of the student's experience during placement and not risks to service or clients. The main perceived barriers were time costs (both practitioner and university clinical education managers) and perceived lost earning capacity. Clinical education managers emphasized that more time and resources to establish and support private practitioners would enable them to reduce risk and overcome barriers to increasing private practice placement capacity and quality. CEMs emphasized that more time and resources to establish and support private practitioners would enable them to enhance engagement and increase private practice placement capacity.	Methodological: • The research only presents the views of university CEMs, and further research is required to balance this research with views of private practitioners. • Future research should also explore successful models of private practice placements to help guide CEMs and private practitioners to set up new placement experiences. Practice: • Working collaboratively to better understand the needs of both the universities and private practices related to training and support appears vital for enhancing engagement and establishing quality, sustainable experiences for students. • It is important that universities and private practices collaborate to provide training that is accessible and supports participation without detracting from other business priorities. National collaboration among universities when developing training resources would distribute the load, reduce cost, and improve consistency of support provided. • The results indicate that financial and non-financial contributions by universities along with goodwill and engagement are necessary for private practice placement viability.

Peiris et al. (2023)	Most placements were for final-year students (78%) and ran for five weeks and most (86%) practices hosted one student at a time. Student placement experiences in private practice consisted of graded exposure to client care, including observation, shared client consultations and providing client consultations under supervision with students progressed based on competence.	Benefits included facilitation of staff professional development and client care, improved clinical reasoning, teaching and research skills of practitioners who supervised, provision of additional attention or treatments, especially for clients with complex needs, connection with universities, helped with graduate recruitment, enhanced efficiency. Barriers included time, financial costs (loss of productivity 67%, preparation time 24%), sourcing suitable clients, third party funding. Hosting students was perceived as low risk to clients but potentially a risk to the business as poorly performing students might impact the reputation of the business and require more support from practitioners thereby reducing earning capacity and business profits. All survey participants agreed that university training, support and financial contribution enhanced their capacity to host students. All participants reported access to clinical educator training and support from universities, while 47% reported receiving financial contributions towards placement costs. However, almost one-third of survey participants reported that no one at their practice had attended training and there was confusion about inconsistency of payments across universities. Barriers to attending training included time, distance and lost productivity.	Methodological: • Explore whether practitioner perceptions match with educator and practice incomes and explore how and why costs of hosting students may differ within different placement contexts and models. Practice: • Verification of the safety and effectiveness of student care in clinical trials may assist efforts to advocate for a change in legislation and funding limitations. In the meantime, educators may be able to increase student exposure to different caseloads by sharing supervision with other practitioners, using peer-assisted learning and organizing active observation opportunities. • Students may also benefit from undertaking relevant business administration and client service activities (e.g., clinical documentation and reports, reception duties) and reflective practice tasks (i.e., self-evaluation, journaling, research), as these non-clinical activities are important to prepare them for private practice employment. Other novel approaches to clinical placement models that universities and private practitioners might like to explore include telehealth, simulation, peer simulation, and clinical research placements. • Universities should consider remote video support for the professional development of practitioners, as well as better preparing students (e.g., through early observation experience) and educators (e.g., clinical educator training, having a clear model to follow) and providing a range of independent learning activities for students to complete on placement to give private practitioners some breathing space. • Universities can further support clinical educators by providing tailored training, specific guidelines and communication related to private practice placements, and by providing consistent levels of remuneration for hosting students. Universities and private practices can work together, along with professional bodies, government and third-party funders, to address the barriers to private practice placements for students.

	Participants suggested a range of ideas for improving placement experience, such as having longer placements so that students can become ingrained in the team, see a range of clients, and have more time to settle in and become familiar with the practice and processes. Other suggestions included exposing students to private practice earlier via observation and simulation and ensuring that educators have clear guidelines of how to host and supervise a student on placement. Participants suggested that there may be more uptake of university training if financial reimbursement for time was provided, and/or free professional development opportunities (not related to clinical education) were provided as an incentive to attend. Options for individualized online and face-to-face after-hours training were also valued by participants. Developing good relationships and communication with the university was also considered essential for ongoing placement provision and made managing students easier.	

International Journal of Work-Integrated Learning
ISSN: 2538-1032
www.ijwil.org

About the Journal

The International Journal of Work-Integrated Learning (IJWIL) publishes double-blind peer-reviewed original research and topical issues related to Work-Integrated Learning (WIL). IJWIL first published in 2000 under the name of Asia-Pacific Journal of Cooperative Education (APJCE).

In this Journal, WIL is defined as:

> *An educational approach involving three parties – the student, educational institution, and an external stakeholder – consisting of authentic work-focused experiences as an intentional component of the curriculum. Students learn through active engagement in purposeful work tasks, which enable the integration of theory with meaningful practice that is relevant to the students' discipline of study and/or professional development* (Zegwaard et al., 2023, p. 38*).

Examples of practice include off-campus workplace immersion activities such as work placements, internships, practicum, service learning, and cooperative education (co-op), and on-campus activities such as work-related projects/competitions, entrepreneurships, student-led enterprise, student consultancies, etc. WIL is related to, and overlaps with, the fields of experiential learning, work-based learning, and vocational education and training.

The Journal's aim is to enable specialists working in WIL to disseminate research findings and share knowledge to the benefit of institutions, students, WIL practitioners, curricular designers, and researchers. The Journal encourages quality research and explorative critical discussion that leads to the advancement of quality practices, development of further understanding of WIL, and promote further research.

The Journal is financially supported by the WILNZ, WACE, WIL Australia, and the University of Waikato.

Types of Manuscripts Sought by the Journal

Types of manuscripts sought by IJWIL are primarily in two forms: 1) *research publications* describing research into aspects of WIL and, 2) *topical discussion* articles that review relevant literature and provide critical explorative discussion around a topical issue. The journal will, on occasions, consider good practice submissions.

Research publications should contain; an introduction that describes relevant literature and sets the context of the inquiry. A detailed description and justification for the methodology employed. A description of the research findings - tabulated as appropriate, a discussion of the importance of the findings including their significance to current established literature, implications for practitioners and researchers, whilst remaining mindful of the limitations of the data, and a conclusion including recommendations.

Topical discussion articles should contain a clear statement of the topic or issue under discussion, reference to relevant literature, critical and scholarly discussion on the importance of the issues, critical insights into how to advance the issue further, and implications for other researchers and practitioners.

Good practice and program description papers. On occasions, IJWIL seeks manuscripts describing an example of good practice, however, only if it presents a particularly unique or innovative practice or it was situated in an unusual context. There must be a clear contribution of new knowledge to the established literature. Manuscripts describing what is essentially 'typical', 'common' or 'known' practices will be encouraged to rewrite the focus of the manuscript to a significant educational issue or will be encouraged to publish their work via another avenue that seeks such content.

By negotiation with the Editor-in-Chief, the Journal also accepts a small number of *Book Reviews* of relevant and recently published books.

Reference
Zegwaard, K. E., Pretti, T. J., Rowe, A. D., & Ferns, S. J. (2023). Defining work-integrated learning. In K. E. Zegwaard & T. J. Pretti (Eds.), *The Routledge international handbook of work-integrated learning* (3rd ed., pp. 29-48). Routledge. https://doi.org/10.4324/9781003156420-4

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International Journal of Work-Integrated Learning
ISSN: 2538-1032
www.ijwil.org

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Publisher: Work-Integrated Learning New Zealand (WILNZ)
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