

BPCLE Framework Indicator Specifications
July 2016

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Definitions

Throughout this document, reference is made to *indicator categories* (in the context of the indicator weighting system), relevant *learner levels* and *clinical education staff categories*. Definitions of these are provided below.

Indicator Category

The category reflects how the indicator was rated against the two criteria used in the indicator weighting system, to assist organisations to find an appropriate balance between the value of information derived from the indicator and the cost to the organisation of measuring the indicator. The weighting system defines four categories, *to wit*:

- **Category I** – these indicators were ranked *highly* with respect to their relevance to educational activities and scored highly (at least 10/15) on the combined criteria of *ease of data collection*, *actionability* and *interpretability*.
- **Category II** – these indicators were ranked *highly* with respect to their relevance to educational activities but scored lower (less than 10/15) on the combined criteria of *ease of data collection*, *actionability* and *interpretability*.
- **Category III** – these indicators were ranked *medium* with respect to their relevance to educational activities.
- **Category IV** – these indicators were ranked *lowest* with respect to their relevance to educational activities.

Learner Levels

Four levels of learners are specified:

- **Professional entry** (formerly 'undergraduate') – defined as learners enrolled in a higher education course of study leading to initial registration for, or qualification to, practice as a health professional.
- **Early graduate** – An individual who has completed their entry-level professional qualification within the last one or two years. For example, this will encompass:
 - Junior doctors employed in pre-vocational positions for postgraduate years 1 and 2 (PGY1 and PGY2) (also referred to as Hospital Medical Officers).
 - Registered Nurses and Midwives in Graduate Nurse (or Midwifery) Programs (GNP/GMP).
 - Enrolled Nurses (formerly 'Division 2') in their first year post-qualification.
 - Allied health professionals in their first two years post-qualification (generally employed at Grade 1 level). Where internship programs exist (e.g. Pharmacy), this would include the internship year and the first year post-internship.
- **Vocational/postgraduate** – defined as learners enrolled in formal programs of study, usually undertaken to enable specialty practice. Examples include registrars in specialist medical training programs; nurses and allied health professionals enrolled in Graduate Certificate, Graduate Diploma or Masters courses that increase current skills or knowledge, or develop new skills and knowledge in new professional areas.
- **CPD learners** – defined as staff of the organisation who are undertaking training as part of their continuing professional development.

Clinical education staff categories

This term is used in the broadest possible context to refer to anyone who contributes to the education or training of another person. Within the BPCLE indicator specifications, this term potentially encompasses any or all of the following four categories of staff:

- **Clinical educator** – defined as a staff member employed specifically to deliver education/training to learners within the organisation.
- **Primary involvement** – defined as a clinician who, as part of their clinical duties, has direct, delegated responsibility for delivery of education/training to learners, for example as a supervisor, preceptor, mentor or clinical associate (or equivalent). Primary involvement will usually be planned for and scheduled by prior agreement between the clinical education coordinator and the clinician.
- **Secondary involvement** – defined as a clinician who has incidental, *ad hoc* or opportunistic involvement in teaching.
- **Support** – defined as management, administrative, organisational or coordination responsibilities, as opposed to actual teaching or supervision. This includes managers with oversighting responsibility for educational activities or outcomes.

It should be noted that some indicators require the data for staff with primary involvement and staff with secondary involvement to be aggregated into a single reported value (i.e. 'clinicians with primary or secondary involvement').

The organisation is monitoring the effective implementation of the BPCLE Framework

Indicator number	1
Indicator	The organisation is internally monitoring at least 60% of the Category I indicators
Category	Category I (Externally reportable in Victoria)
BPCLE element	Not applicable
BPCLE sub-objective(s)	Not applicable
Indicator type	Outcome
Relevant output	<ul style="list-style-type: none"> Register of monitored indicators
Relevant learner levels	<p>Not applicable</p> <p>This indicator measures the level of organisational performance monitoring against the BPCLE Framework and does not apply to particular learner groups.</p>
Indicator rationale	Since many of the indicators of progress towards a best practice clinical learning environment do not need to be provided to external stakeholders, this indicator will provide <i>evidence</i> that data is being collected and reported on internally. Indicator 1 is a meta-indicator that demonstrates the level of monitoring of indicators identified as the most relevant and useful in the context of clinical education and training.
Numerator	The number of Category I indicators selected for monitoring by the organisation
Denominator	The total number of Category I indicators in the BPCLE indicator list
Benchmark(s)	The suggested benchmark is for 60% of Category I indicators to be monitored.
Specific data collection tools required	None. BPCLEtool maintains a list of selected indicators and calculates the percentage of Category I indicators in that list.
Information required to support indicator measurement	<ul style="list-style-type: none"> To be included in the numerator: <ul style="list-style-type: none"> An indicator must be defined as a Category I indicator within BPCLEtool. The indicator must be selected for monitoring in the current reporting period. To be included in the denominator an indicator must be defined as a Category I indicator within BPCLEtool.
BPCLEtool data entry	None required. BPCLEtool automatically calculates this indicator.
Disaggregation	<p>None suggested</p> <p>Although individual departments or clinical areas within an organisation might chose to monitor different indicators within the list of selected indicators, what is important is that the organisation as a whole is monitoring indicators that are highly relevant to maintenance of a best practice clinical learning environment.</p>
Issues/comments	This indicator does not measure performance against a particular aspect of the BPCLE Framework; instead, it reveals the extent of BPCLE performance monitoring that is occurring in the organisation. As such, this could be considered a "meta-indicator".
Related indicators	None
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	<p>Directly actionable.</p> <p>Select additional Category I indicators to monitor.</p>

Element 1: An organisational culture that values learning

Indicator number	2
Indicator	Education-related issues are explicitly addressed in the mission, vision and/or strategic documents (or equivalent) of the organisation
Category	Category I (Externally reportable in Victoria)
BPCLE element	Element 1: An organisational culture that values learning
BPCLE sub-objective(s)	Education is valued
Indicator type	Process
Relevant output	<ul style="list-style-type: none"> Clinical education staff clearly value education
Relevant learner levels	Although corporate documents apply to the whole organisation (i.e. not to specific learner levels), the references to education within those documents should be inclusive of education and training activities for all learner levels.
Indicator rationale	The content of the corporate documentation sets the tone for all activities an organisation undertakes. Corporate documents also provide guidance for many operational documents and activities undertaken by an organisation. Thus, it is reasonable to expect the inclusion of education in the mission, vision and/or strategic documents (or their equivalents) of an organisation will have a positive impact on the culture of education within that organisation.
Numerator	This indicator requires a "yes" or "no" response
Denominator	Not applicable
Benchmark(s)	The suggested benchmark is for 100% of relevant strategic documents (including, but not limited to, mission and vision) to contain appropriate references to education.
Specific data collection tools required	<ul style="list-style-type: none"> A register (spreadsheet) listing all of the organisation's relevant corporate documents.
Information required to support indicator measurement	<p>The register of corporate documents should include:</p> <ul style="list-style-type: none"> Document title and current version number. Type of document. Date of latest update. Whether statements relating to education are included. Where the document can be accessed (e.g. website, intranet, hard copy, etc.). <p>Using a register (such as the register provided in the BPCLEtool Indicator Data Collector workbook) to record this information is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p>
BPCLEtool data entry	<p>Answer "yes" or "no" to the question: "Is education specifically mentioned in the organisation's mission, vision and/or strategic plan (or equivalent)?"</p> <p>If the organisation has more than one relevant strategic document, answer "yes" only if all relevant strategic documents include appropriate references to education.</p>
Disaggregation	BPCLEtool does not disaggregate the result.
Issues/comments	<p>Not every organisation will have the same suite of corporate documents for which this indicator is relevant. As a result, there is no definitive list of documents to comply with this indicator. Examples of documents that could explicitly address education-related issues include:</p> <ul style="list-style-type: none"> The organisation's strategic plan. Quality of care report. Statement of priorities. Annual report. <p>Although not strictly a strategic document, an organisation's quality framework is another example of a corporate document that should include appropriate references to education.</p> <p>At present, this indicator does not address the quality or extent of coverage of education in the corporate documents, only whether reference</p>

	to education is made. Ultimately, the corporate documents (and statements contained therein) need to reflect the corporate culture of the organisation. Therefore the simple inclusion of words will not be sufficient to achieve the objectives reflected in this indicator.
Related indicators	None
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	Directly actionable. Review examples of mission, vision and strategic documents (or their equivalents) where education has been adequately covered. It may also be appropriate to work with partner educational organisations on the education elements within the mission, vision and strategic documents (or their equivalents).

Indicator number	3
Indicator	Attitudes to professional development amongst staff involved in clinical education
Category	Category IV
BPCLE element	Element 1: An organisational culture that values learning
BPCLE sub-objective(s)	Education is valued
Indicator type	Structural
Relevant output	<ul style="list-style-type: none"> Clinical education staff clearly value education
Relevant learner levels	This indicator relates to staff involved in the education and training of any learner level.
Indicator rationale	Professional development is part of the education continuum and is one type of educational activity that takes place in a health service organisation. If staff are positive about their own (and their colleagues') professional development, they are more likely to be positive toward learners at the health service. Staff attitudes to professional development are also likely to reflect the <i>organisational</i> culture with respect to education and training.
Numerator	The number of positive responses (i.e. <i>very important</i> , or <i>important</i> on a 5-point scale) to the question <i>Overall, how would you rate the importance of your own professional development to you?</i>
Denominator	The number of staff involved in clinical education that responded to the question
Benchmark(s)	The suggested benchmark is for 70% of clinical education staff to have a positive attitude towards their own professional development.
Specific data collection tools required	<ul style="list-style-type: none"> Staff survey including relevant question(s). A spreadsheet to record numbers of staff in each discipline that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories (see disaggregation section below).
Information required to support indicator measurement	<p>The staff survey will need to include the following question at a minimum:</p> <ul style="list-style-type: none"> <i>Overall, how would you rate the importance of your own professional development to you?</i> [5-point Likert scale: very unimportant – unimportant – neither unimportant nor important – important – very important] <p>As well as noting overall staff attitudes to professional development, organisations may wish to determine factors contributing to the rating given by individual staff. For this purpose, additional questions may be included in the staff survey, covering topics such as:</p>

	<ul style="list-style-type: none"> Whether they had adequate time allocated for professional development compared to other activities. Whether senior colleagues encouraged their participation in professional development. Whether they found the professional development activities interesting and useful. Whether they believed professional development activities had impacted on their career progression. <p>Staff surveys should collect sufficient demographic information to allow data to be disaggregated by staff category and discipline, as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p> <p>For the purposes of this indicator, <i>Involved in clinical education</i> includes staff in all four education role categories (see <i>Definitions</i> on p.4), namely:</p> <ul style="list-style-type: none"> Clinical educator Primary involvement Secondary involvement Support
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of staff in each education role category (clinical educator; clinician with primary or secondary involvement; support) that nominated each response on the Likert scale. Organisations only have to report data for staff categories for which they have collected data. Note that data for <i>staff with primary involvement</i> and <i>staff with secondary involvement</i> are combined into one role category for this indicator.</p> <p>BPCLEtool will automatically calculate the total number of respondents for each role category and discipline for the reporting period and calculate the proportion of the total that answered <i>important</i> or <i>very important</i>.</p>
Disaggregation	<p>BPCLEtool will report on data disaggregated by discipline and staff category.</p> <p>Depending on how much demographic information is collected through staff surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by other parameters, such as age group, length of employment at the organisation, years since first qualified, gender and clinical area.</p>
Issues/comments	<p>For many health professions, ongoing professional development is mandatory for professional registration. This could impact on the attitude of some staff, since they may feel negatively about the requirement, rather than negatively about the professional development itself.</p>
Related indicators	<p>4 - Staffing levels allow the time allocated to educational activities to be used for educational activities</p> <p>7 - Proportion of staff involved in clinical education that access professional development in education each year</p> <p>16 - Proportion of clinical staff accessing clinical professional development activities each year</p>
Other potential uses of this indicator	<p>Data collected to support reporting of this indicator could be used to improve staff development activities.</p>
Actions to improve the indicator result	<p>Not directly actionable.</p> <p>Although not a definitive list, staff attitudes to professional development could be improved by:</p> <ul style="list-style-type: none"> Recruiting individuals with a positive attitude to staff development. Offering professional development activities that staff value. Allowing staff to access professional development activities. Improving the attitudes of their peers to staff development (including clinical, academic and administrative managers).

Indicator number	4
Indicator	Staffing levels allow the time allocated to educational activities to be used for educational activities
Category	Category II
BPCLE element	Element 1: An organisational culture that values learning
BPCLE sub-objective(s)	Education is valued
Indicator type	Structural
Relevant output	<ul style="list-style-type: none"> Staff have sufficient time to deliver tutorials, clinical teaching etc. to learners allocated to them, without the need for overtime Staff attend and complete the professional development sessions they register for, without the need for overtime
Relevant learner levels	This indicator should take account of educational activities for any learner level.
Indicator rationale	Participation in clinical education activities has an impact on the time available for other work duties. Staffing levels that do not make allowances for this time impact are likely to result in workloads for staff that cannot reasonably be achieved. Given that patient/client care is the primary <i>raison d'être</i> of health service organisations, if the overall workload is too high, it is likely that educational activities will be sacrificed. Therefore, if an organisation values education and wants its employees to participate in education-related activities, it will ensure the staffing levels do not result in workloads that cannot accommodate those activities.
Numerator	The number of staff that indicate planned staffing levels take account of the time required for educational activities <i>always</i> or <i>most of the time</i>
Denominator	The number of staff that responded to the question
Benchmark(s)	The suggested benchmark is for 70% of respondents to indicate that planned staffing levels <i>mostly</i> or <i>always</i> take account of time required for educational activities.
Specific data collection tools required	<ul style="list-style-type: none"> Staff survey including the relevant statement(s). A spreadsheet to record numbers of staff in each discipline that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories (see disaggregation section below).
Information required to support indicator measurement	<p>The staff survey will need to include the following statement:</p> <ul style="list-style-type: none"> <i>Planned staffing levels (e.g. staff roster, leave) take account of time required for educational activities</i> [5-point Likert scale: <i>always</i> – <i>most of the time</i> – <i>half of the time</i> – <i>less than half of the time</i> – <i>never</i>] <p>Other questions/statements can also be included in the survey, to gain a more detailed understanding of the factors influencing the response of staff. Examples of other questions (all answered on the same 5-point Likert scale: <i>always</i> – <i>most of the time</i> – <i>half of the time</i> – <i>less than half of the time</i> – <i>never</i>, with a <i>Not applicable</i> option) include:</p> <ul style="list-style-type: none"> <i>Time allocated to educational activities is used for educational activities</i> <i>I have sufficient time to undertake the required professional development activities, without the need for overtime.</i> <i>I have sufficient time to deliver tutorials, clinical teaching etc. to learners, without the need for overtime.</i> <i>I am able to attend the professional development sessions I register for.</i> <i>I am able to stay for the duration of the professional development sessions I register for.</i> <p>Staff surveys should contain sufficient demographic information to allow disaggregation by discipline, as well as any other disaggregation that might be useful within the organisation for identifying actions to address</p>

	<p>indicator results.</p> <p>Note that data for this indicator can be collected from any staff member in the health service organisation, not only from those staff that are involved in clinical education and training.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of staff that nominated each response on the Likert scale.</p> <p>BPCLEtool will automatically calculate the total number of respondents for each discipline for the reporting period and calculate the proportion of the total that answered <i>most of the time</i> or <i>always</i>.</p>
Disaggregation	<p>BPCLEtool will report on data disaggregated by discipline.</p> <p>Depending on how much demographic information is collected through staff surveys, organisations might wish to further disaggregate the result by clinical area. Disaggregation by length of employment at the health service and years since obtaining qualification might also be useful in some circumstances.</p>
Issues/comments	<p>Given the requirement of many (if not all) registered health professions to maintain a minimum level of professional development as part of their continued registration to practice, it will be important to distinguish disciplines with a large requirement for professional development and those with little or no requirement.</p>
Related indicators	<p>3 - Attitudes to professional development amongst staff involved in clinical education</p> <p>7 - Proportion of staff involved in clinical education that access professional development in education each year</p> <p>16 - Proportion of clinical staff accessing clinical professional development activities each year</p>
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	<p>Not directly actionable.</p> <p>Initially, organisations (or individual clinical areas) may need to undertake some activity-based analysis of workloads, taking account of all clinical, educational and administrative tasks. This will reveal how staff are actually spending their time, which can then be compared to theoretical time allocations. How organisations deal with any imbalances that are revealed will depend on budgets and staff availability.</p>

Indicator number	5
Indicator	Annual expenditure on education activities compared to the previous year
Category	Category II
BPCLE element	Element 1: An organisational culture that values learning
BPCLE sub-objective(s)	Education is valued
Indicator type	Structural
Relevant output	<ul style="list-style-type: none"> Organisations allocate funding to education activities within their budget The education budget is spent on education activities The education budget is not reduced (in real terms) over time
Relevant learner levels	This indicator applies to educational activities for any learner level.
Indicator rationale	<p>Adequate funding of activities, infrastructure and personnel is an essential prerequisite for development and maintenance of high quality clinical learning environments. If there is an expectation that educational activities are maintained or increased over time, it is important for recurrent expenditure be maintained in real terms accordingly, although one-off expenditures may also be necessary from time to time to maintain infrastructure. Without a deliberate focus on <i>protecting</i> the budget allocation for education, these activities are given a lower funding priority and, in many cases, are either “the first thing to go” when budget cuts are necessary, or are expected to continue without specific resourcing.</p>
Numerator	The official organisational expenditure for education activities in each

	category, for the reporting period
Denominator	The official organisational expenditure for education activities in each category, for the previous reporting period (adjusted for inflation)
Benchmark(s)	<p>The suggested benchmark is for organisations to maintain (in real terms) their education expenditure over time, in proportion to their educational activity.</p> <p>This indicator is not recommended for comparison between organisations. Furthermore, it is not recommended that any benchmarking or comparisons be attempted in relation to <i>how</i> the expenditure is allocated, as this may vary for legitimate reasons between organisations or within one organisation from one reporting period to the next.</p>
Specific data collection tools required	<ul style="list-style-type: none"> ▪ A spreadsheet (accounting software) to note yearly educational expenditure amounts and activities.
Information required to support indicator measurement	<p>As far as practicable, the organisation's accounting package should allow records to be kept on all aspects of education, including:</p> <ul style="list-style-type: none"> ▪ Salaries (or fractions of salaries) and on-costs for personnel involved in organising and/or delivering clinical education and training. ▪ Costs associated with staff professional development related to the organisation and delivery of clinical education and training. ▪ Costs associated with other staff professional development. ▪ Consumables associated with the organisation and delivery of clinical education and training. ▪ Other recurrent expenditure relevant to education and training, including maintenance of equipment and upkeep of education-specific equipment or facilities. ▪ Capital expenditure items.
BPCLEtool data entry	<p>For each of the categories of expenditure, enter the total amount for the previous reporting period and the current reporting period (in whole Australian dollars) in the corresponding field on the data entry form. The categories are:</p> <ul style="list-style-type: none"> ▪ Salaries and on-costs. ▪ Education-related professional development costs. ▪ Other staff professional development costs. ▪ Capital expenditure. ▪ Equipment maintenance and consumables. ▪ Other recurrent expenditure. <p>BPCLEtool will automatically calculate the ratio of expenditure in each category in the current reporting period compared to expenditure in the previous reporting period, factoring in the average rate of inflation for the period.</p> <p>Use the <i>Notes</i> section on the data entry form to record contextual information such as: the overall budget of the organisation, staff head count and FTE, and the total number of placement days accommodated at the health service. In this way, as the budget, staff numbers and learner numbers change over time, the education-related expenditure can be properly contextualised.</p>
Disaggregation	<p>BPCLEtool will only present the results for the specified categories without disaggregation. However, when reporting this indicator for internal tracking purposes, the organisation can use its own accounting systems to disaggregate the results by any individual expenditure categories that it records.</p> <p>If organisations only record expenditure in these categories for the whole organisation, rather than listed against individual departments or clinical areas, then further manual disaggregation is not likely to be possible or necessarily useful.</p>
Issues/comments	<p>This indicator makes an important distinction between the funds allocated to be spent on education activities (the education budget) and the funds actually spent on education activities (education expenditure). While organisations might internally wish to compare the budgeted and expended amounts, this indicator specifically relates to actual expenditure. <i>Education activities</i> may cover a broad range of items, including staff</p>

	<p>salaries, IT and facility refurbishment. Within the context of these indicator specifications, it is impossible to prescribe what is or is not an education activity or what proportion of a particular activity or budget item should be designated as education-related. Indeed, it may be quite difficult to accurately identify all education-related expenditure, particularly where educational and clinical activities overlap. However, it is recommended the only staff salary amounts that are included are those relating to a formal education role.</p> <p>It is highly recommended that organisations maintain records of the items included in the amounts entered for each category of expenditure, noting what has been included and excluded, as well as the proportions allocated. As far as practicable, these definitions should remain consistent over time. Furthermore, wherever possible, these definitions should be consistently applied to other reports and to organisational practices more generally (i.e. not just in relation to the BPCLE Framework). For example, if 20% of a clinician's salary is allocated as an <i>education activity</i>, then their position description and roster should reflect the same allocation.</p> <p>Finally, there may be legitimate instances where a reduction in education spending is required and/or acceptable. Examples include:</p> <ul style="list-style-type: none"> ▪ Reduction in staff by a large proportion of the total (particularly relevant for small hospitals/community health/private practices). ▪ The education budget included a large one-off activity such as building or refurbishment works. ▪ There is a proportionally similar change in the overall organisational budget.
Related indicators	<p>To the extent that professional development activities will be funded through the organisational budget (and therefore form part of the educational expenditure), the following are related indicators:</p> <p>7 - Proportion of staff involved in clinical education that access professional development in education each year</p> <p>16 - Proportion of clinical staff accessing clinical professional development activities each year</p>
Other potential uses of this indicator	Through monitoring and reporting on this indicator, organisations could develop an improved understanding of the extent of their educational activities and their associated costs.
Actions to improve the indicator result	<p>Directly actionable.</p> <p>If education-related expenditure has not been maintained in real terms from one reporting period to the next, the first course of action should be to determine whether the reduction is widespread across the education budget or isolated, and also whether the reduction is likely to be temporary or longer-term. For example, staff vacancies that have not yet been filled could result in a temporary reduction in educational expenditure that does not warrant major corrective action. On the other hand, a more long-term reduction in educational expenditure would warrant a review and possible adjustment of educational commitments, to ensure those commitments can be met with the available budgetary resources.</p>

Indicator number	6
Indicator	Proportion of relevant staff position descriptions (or performance management plans) with KPIs, or equivalent, relating to education
Category	Category III
BPCLE element	Element 1: An organisational culture that values learning
BPCLE sub-objective(s)	Education is valued/educators are valued
Indicator type	Process
Relevant output	<ul style="list-style-type: none"> ▪ Rewards are delivered to high quality education staff ▪ Educators attend professional development focussed on education
Relevant learner levels	This indicator relates to staff involved in the education and training of any learner level.
Indicator rationale	Performance management is a recognised mechanism for ensuring that organisational objectives are aligned to the skills, competencies and

	<p>activities of individual staff members. Key performance indicators (KPIs), key result areas (KRAs) or their equivalent (e.g. key responsibilities, focus areas, statement of responsibilities, etc.), are utilised in this context to ensure staff and management are clear about what is to be achieved or delivered by individuals.</p> <p>While discipline-specific competency standards address professional development and contributing to the education of others, the broad, principle-based statements included in the standards are not an explicit statement of roles or responsibilities within an organisation. KPIs/KRAs provide a benchmark for setting goals and developing work plans and for assessing (and rewarding) staff performance. Thus, the inclusion of education KPIs/KRAs in staff position descriptions and performance management plans formalises the expectations of the organisation in relation to educational activities and provides accountability for outcomes in this domain.</p> <p>It is recommended this indicator continue to be monitored even after the benchmark of 100% is achieved, since new positions may be added from time to time, existing positions may be amended or reclassified, and regular performance review may result in changes to the education KPIs/KRAs of individual positions.</p>
Numerator	The number of staff involved in clinical education whose position descriptions (or performance management plans) include KPIs/KRAs (or equivalent), relating to education (filled and unfilled positions)
Denominator	The total number of staff involved in clinical education within the organisation
Benchmark(s)	The suggested benchmark is 100%, as all relevant staff position descriptions (or performance management plans) should include education KPIs/KRAs (or equivalent).
Specific data collection tools required	<ul style="list-style-type: none"> HR system/database (or register of staff involved in clinical education) that includes fields for recording information about position level or classification, category of education-related roles or responsibilities (i.e. primary, secondary or support), and whether their position description includes education KPIs/KRAs (or equivalent).
Information required to support indicator measurement	<p>To support indicator measurement the following definitions are provided:</p> <p><i>Education</i> – refers to all education-related roles, activities and outcomes, including the teaching of others and personal professional development related to educational roles. It is important to apply a filter on the relevance of professional development KPIs to this indicator. All staff, regardless of their involvement in the delivery of clinical education and training, are usually expected to undertake some form of professional development. For the purposes of reporting against this indicator, it is recommended that KPIs for professional development relating to acquisition of skills or competencies other than educational skills and competencies should NOT be counted as education KPIs.</p> <p><i>Relevant staff</i> – refers to those staff involved in clinical education in any of the four education role categories (see <i>Definitions</i> on p.4), namely:</p> <ul style="list-style-type: none"> Clinical educator Primary involvement Secondary involvement Support <p>The HR database (or register of staff involved in clinical education) should include fields for recording the following information:</p> <ul style="list-style-type: none"> Position title. Position level or classification. Category of education-related roles or responsibilities (i.e. <i>clinical educator, primary, secondary</i> or <i>support</i>). Whether the staff member's position description includes education-related KPIs/KRAs (or equivalent).
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter</p> <ul style="list-style-type: none"> The total number of staff in each education role category (i.e. <i>clinical educator, primary, secondary</i> and <i>support</i>). The number of staff in each role category that have education

	<p>KPIs/KRAs (or equivalent) included in their position description. Organisations only have to report data for staff categories for which they have collected data.</p> <p>BPCLEtool will automatically calculate the proportion of staff in each role category for each discipline with education-related KPIs/KRAs.</p>
Disaggregation	BPCLEtool will report on data disaggregated by discipline and staff category.
Issues/comments	<p>A major issue for each organisation will be determining which are the <i>relevant positions</i> that require education KPIs/KRAs and it may transpire that most positions within the organisation have some role to play (albeit an indirect supporting role) and therefore could include education KPIs/KRAs. On the other hand, KPIs/KRAs are also used as a means of demonstrating the relative importance of the various roles for any particular position and so it is both likely and appropriate that some positions with only very minor involvement in education relative to other duties might not have any education KPIs/KRAs.</p> <p>Therefore, in the first instance, it will be necessary in most cases to audit all position descriptions (or performance management plans) within the organisation to establish the number of relevant positions and identify education-related KPIs/KRAs. This is likely to be an onerous task for many organisations, unless this information is already recorded in the HR system.</p> <p>Acknowledging this, it may be more time and cost effective to conduct the audit and compile the register in the course of routine performance management activities, which should occur at least once each year for each filled position.</p>
Related indicators	<p>3 - Attitudes to professional development amongst staff involved in clinical education</p> <p>4 - Staffing levels allow allocated the time allocated to educational activities to be used for educational activities</p> <p>7 - Proportion of staff involved in clinical education that access professional development in education each year</p> <p>16 - Proportion of clinical staff accessing clinical professional development activities each year</p>
Other potential uses of this indicator	Depending on the level of detail recorded, data collected to report on this indicator could be used to evaluate the education focus of an organisation (or particular units within it) to ensure education is covered in sufficient detail and with the correct focus. The initial review of all relevant position descriptions (or performance management plans) may also provide an opportunity to ensure consistency and relevance of KPIs/KRAs in general.
Actions to improve the indicator result	<p>Not directly actionable.</p> <p>The indicator could be improved by conducting regular staff reviews (if they are not already conducted) that include reviewing and updating KPIs/KRAs as appropriate.</p> <p>Insofar as organisations have templates for position descriptions and checklists for creating new position descriptions, education KPIs/KRAs (as a field) could be added to these templates and checklists.</p>

Indicator number	7
Indicator	Proportion of staff involved in clinical education that access professional development in education each year
Category	Category III
BPCLE element	Element 1: An organisational culture that values learning
BPCLE sub-objective(s)	Educators are valued
Indicator type	Structural
Relevant output	<ul style="list-style-type: none"> ▪ Educators attend professional development focussed on education ▪ Improved understanding of the proportion of staff involved in delivering education that have undertaken professional development related to the area of education

Relevant learner levels	This indicator relates to staff involved in the education and training of any learner level.
Indicator rationale	As with clinical practice, education practice in a clinical context is not a static endeavour. Thus, even though an individual may have obtained educational qualifications or undertaken previous training/professional development in education, they need to continue to access relevant training throughout their career to ensure they are highly skilled, knowledgeable and competent as educators. An organisation that values education and educators will prioritise ongoing educational professional development as highly as clinical professional development and will encourage those staff that are involved in clinical education to participate in these activities.
Numerator	The number of staff involved in clinical education that have undertaken education-related professional development in the past 12 months
Denominator	The number of staff involved in clinical education within the organisation
Benchmark(s)	This indicator is not recommended for benchmarking initially. Unlike clinical practice, where many professions have mandated minimum amounts of continuing professional development that must be undertaken each year to maintain professional registration, there is no existing standard for how frequently staff involved in clinical education need to undertake education-related professional development to maintain a high standard of educational practice.
Specific data collection tools required	<ul style="list-style-type: none"> HR system/database (or register of staff involved in clinical education) that includes fields for recording information about participation in various professional development activities. <p>Alternatively, this information could be collected via the inclusion of relevant questions in an annual staff survey, provided the survey achieves a very high response rate (95-100%).</p>
Information required to support indicator measurement	<p>To support indicator measurement the following definitions are provided: For the purposes of this indicator, <i>Involved in clinical education</i> includes staff who are employed specifically as <i>clinical educators</i> and any clinical staff member that has <i>primary involvement</i> with the delivery of clinical education (see <i>Definitions</i> on p.4). <i>Education-related professional development</i> – activities aimed at improving the educational practice of the teacher. These activities may be offered by the health service organisation, an education provider partner, or another training entity. To be counted in the numerator, there would need to be evidence of attendance at the course (e.g. noted on the register of attendees, or receipt of a certificate of completion). Examples of education-related professional development include (but are not limited to):</p> <ul style="list-style-type: none"> Fundamentals of Clinical Supervision Effective Provision of Feedback Clinical Assessment Managing the Poorly Performing Learner Introduction to Simulation <p>The HR database (or register of staff involved in clinical education) should include fields for recording the following information:</p> <ul style="list-style-type: none"> Category of education-related roles or responsibilities (i.e. <i>clinical educator, primary, secondary</i> or <i>support</i>; see <i>Definitions</i> on p.4) Relevant details of all educational professional development activities undertaken (name of course/training session; level of award, if applicable; date(s) undertaken/completed, etc) <p>If the data for this indicator is being collected from individual staff members through their response to a survey question, staff should be asked to indicate whether they have undertaken any form of education-related professional development activity in the past 12 months. For this approach to provide a complete data set, all relevant staff will need to respond to the survey.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter</p> <ul style="list-style-type: none"> The total number of staff in each category (i.e. <i>clinical educators</i> or

	<p><i>clinicians with primary involvement</i>); and</p> <ul style="list-style-type: none"> The number of staff in each category that have undertaken education-related professional development in the current reporting period. <p>Organisations only have to report data for staff categories for which they have collected data.</p> <p>BPCLEtool will automatically calculate the proportion of staff in each category that have undertaken education-related professional development .</p>
Disaggregation	BPCLEtool will report on data disaggregated by discipline and staff category.
Issues/comments	<p>Health service organisations do not generally collect data relating to the professional development activities of their employees. Therefore, most organisations will need to establish a process for collecting and verifying this data, as well as the database infrastructure to record it. The HR system may be able to accommodate additional data fields, or separate spreadsheets or registers can be established.</p> <p>For all organisations, the main issues will be ensuring employees routinely self-report their participation in professional development activities (either directly into their HR record or the relevant register if they have access, or to an administrator with responsibility for entering the data) and establishing a suitable mechanism of verification. All these processes do represent additional workload for staff.</p> <p>The most significant issue that will impact on the usefulness of this indicator is that there is no clear standard relating to the amount of professional development needed to achieve or maintain a high standard of educational practice. Therefore, even if a low proportion of staff undertake education-related professional development each year, this does not necessarily reflect poorly on the standard of teaching or supervision.</p> <p>Indeed, the frequency of participation in educational professional development will most likely decrease for more experienced staff. Thus, the level of participation in these activities across the organisation may simply reflect the proportion of experienced educators amongst the staff. Similarly, changes to curriculum models or modes of delivery may necessitate a significant amount of training for staff in a short period of time. In this case, a higher proportion of staff might undertake educational professional development in a given period than would normally occur.</p>
Related indicators	<p>3 - Attitudes to professional development amongst staff involved in clinical education</p> <p>4 - Staffing levels allow the time allocated to educational activities to be used for educational activities</p> <p>5 - Annual expenditure on education activities compared to the previous year</p> <p>6 - Proportion of relevant staff position descriptions (or performance management plans) with KPIs, or equivalent, relating to education</p>
Other potential uses of this indicator	Data collected for this indicator could be used to identify opportunities to coordinate staff professional development and avoid unnecessary duplication. Depending on the level of detail recorded about the activities staff are participating in, this indicator could also be used to forward plan the workforce development needs of staff involved in clinical education.
Actions to improve the indicator result	<p>Not directly actionable.</p> <p>If a low proportion of staff are accessing education-related professional development each year and this is thought to reflect a problem (as opposed to one of the other possible explanations discussed above), actions to improve the indicator result might include:</p> <ul style="list-style-type: none"> Encouraging more staff to undertake professional development focused on their education activities. Supporting professional development through provision of study leave and/or time off and/or staff rostering. Offering professional development activities at times when they can be accessed by staff. Allocating a larger proportion of the organisation's budget to education

	<p>activities.</p> <ul style="list-style-type: none"> Working with relevant education providers to exchange educational expertise for clinical expertise.
Indicator number	8
Indicator	Staff feel satisfied their education role is valued by the organisation
Category	Category I
BPCLE element	Element 1: An organisational culture that values learning
BPCLE sub-objective(s)	Educators are valued
Indicator type	Outcome
Relevant output	<ul style="list-style-type: none"> Rewards are delivered to high quality education staff Educators attend professional development focussed on education
Relevant learner levels	This indicator relates to staff involved in the education and training of any learner level.
Indicator rationale	<p>This indicator examines whether the stated values of an organisation translate into the lived experience of the staff. If an organisation states that it values education, then this should be reflected in how the various aspects of education are dealt with by the organisation. For staff, this value would be seen through recognition of the skills and experience of educators, through regular acknowledgement of the contribution educators make to the core business of the organisation, and through staff being appropriately rewarded for their education-related work.</p> <p>Importantly, in terms of creating and maintaining high quality clinical learning environments, staff who feel their education role is valued by the organisation will be inclined to continue their involvement as educators. These staff are more likely to feel positive about the education activities they are involved in and this will in turn create a more positive environment for learners. Moreover, staff who are considering becoming educators will be more inclined to get involved in education if staff already involved indicate the organisation values their role.</p>
Numerator	The number of positive responses (i.e. <i>satisfied</i> or <i>very satisfied</i> on a 5-point scale) to the question <i>How satisfied are you that your education role is valued by the organisation?</i>
Denominator	The number of staff involved in clinical education that responded to the question
Benchmark(s)	The suggested benchmark is 70% of clinical education staff that rate their level of satisfaction favourably.
Specific data collection tools required	<ul style="list-style-type: none"> Staff survey including relevant question(s). A spreadsheet to record numbers of staff in each discipline and education role category that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories (see disaggregation section below).
Information required to support indicator measurement	<p>The staff survey will need to include the following question at a minimum:</p> <ul style="list-style-type: none"> <i>How satisfied are you that your education role is valued by the organisation?</i> [5-point Likert scale: <i>very dissatisfied</i> – <i>dissatisfied</i> – <i>neither dissatisfied nor satisfied</i> – <i>satisfied</i> – <i>very satisfied</i>]. <p>As well as noting overall staff satisfaction, organisations may wish to determine factors contributing to the rating given by individual staff through additional questions such as:</p> <ul style="list-style-type: none"> Whether they had received any formal acknowledgement or rewards for their education role. Whether they had ever felt pressured to reduce their effort on education activities in favour of other activities. Whether anyone in the organisation had said or implied their education

	<p>role was unimportant or less important than other roles.</p> <p>Staff surveys should collect sufficient demographic information to allow data to be disaggregated by staff category and discipline, as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p> <p>For the purposes of this indicator, <i>Involved in clinical education</i> includes staff in all four education role categories (see <i>Definitions</i> on p.4), namely:</p> <ul style="list-style-type: none"> ▪ Clinical educator ▪ Primary involvement ▪ Secondary involvement ▪ Support
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of staff in each of the three education role categories (clinical educator; clinician with primary or secondary involvement; support) that nominated each response on the Likert scale. Organisations only have to report data for staff categories for which they have collected data. Note that data for <i>staff with primary involvement</i> and <i>staff with secondary involvement</i> are combined into one role category for this indicator.</p> <p>BPCLEtool will automatically calculate the total number of respondents for each discipline and staff category for the reporting period and calculate the proportion of the total that answered <i>satisfied</i> or <i>very satisfied</i>.</p>
Disaggregation	<p>BPCLEtool will report on data disaggregated by discipline and staff category.</p> <p>Depending on how much demographic information is collected through staff surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by other parameters, such as gender, age, clinical unit (if appropriate), etc.</p>
Issues/comments	<p>Despite the specificity of the question proposed for inclusion in the staff survey, staff may find it difficult to separate the value they feel as an educator from the value they feel in relation to other aspects of their role. This could make it difficult to draw significant conclusions from the results and therefore the staff survey should include a sufficient range of questions (both in relation to other BPCLE Framework indicators and in relation to non-BPCLE issues) to allow internal validation of responses.</p>
Related indicators	<p>2 - Education-related issues are explicitly addressed in the mission, vision and/or strategic documents (or equivalent) of the organisation</p> <p>3 - Attitudes to professional development amongst staff involved in clinical education</p> <p>4 - Staffing levels allow the time allocated to educational activities to be used for educational activities</p> <p>5 - Annual expenditure on education activities compared to the previous year</p> <p>7 - Proportion of staff involved in clinical education that access professional development in education each year</p>
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	<p>Actionable.</p> <p>To improve the indicator result, further data collection will be required to determine the factors contributing to unfavourable ratings by staff. As noted above, other questions included in the staff survey may provide some insights into causes of dissatisfaction, but other data collection exercises such as focus groups, more detailed surveys or interviews may be necessary to provide guidance on actions to improve satisfaction with how the education role is valued by the organisation.</p>

Indicator number	9
Indicator	Learners feel they are valued by the organisation
Category	Category II
BPCLE element	Element 1: An organisational culture that values learning
BPCLE sub-objective(s)	Students/learners are valued

Indicator type	Outcome
Relevant output	<ul style="list-style-type: none"> ▪ Learners record positive experiences at the health service
Relevant learner levels	<p>This indicator applies to three learner levels (see <i>Definitions</i> on p.4), namely:</p> <ul style="list-style-type: none"> ▪ Professional entry learners ▪ Early graduate learners ▪ Vocational/postgraduate learners
Indicator rationale	<p>This indicator examines whether the stated values of an organisation translate into the lived experience of the learners. If an organisation states that it values education, then this should be reflected in how the various aspects of education are dealt with by the organisation. For learners, this value would be seen through being treated as part of team, through being respected for what they bring (new ideas, critical appraisal and potential future workforce) and through being given opportunities to learn.</p> <p>Importantly, there is evidence of a relationship between the extent to which learners experience <i>belongingness</i> and their capacity and motivation to learn when undertaking clinical placements. Belongingness – or connectedness – is related to many factors, including whether the learner feels welcomed, valued or accepted. A learner that feels valued experiences higher levels of self-esteem and lower levels of stress and anxiety, resulting in an overall increase in general well-being and happiness. As a consequence, they are more likely to perceive the clinical learning experience positively. Therefore, an indicator that measures whether learners feel valued by the health service is a broad proxy measure for a positive learning environment.</p>
Numerator	The number of positive responses (i.e. <i>agree</i> or <i>strongly agree</i> on a 5-point scale) to the statement <i>I felt valued as a learner at this organisation</i>
Denominator	The number of learners that responded to the question
Benchmark(s)	The suggested benchmark is 70% of learners rating their feeling of being valued by the organisation favourably.
Specific data collection tools required	<ul style="list-style-type: none"> ▪ Learner survey including the relevant question(s). ▪ Staff survey including relevant question(s), to obtain the responses of early graduate and vocational/postgraduate learners. ▪ A spreadsheet to record numbers of learners in each discipline that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. ▪ If organisations wish to disaggregate the result for follow-up action, or to report back to education provider partners about specific cohorts of learners, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories (see disaggregation section below).
Information required to support indicator measurement	<p>The learner and staff surveys will need to include the following statement:</p> <ul style="list-style-type: none"> ▪ <i>I felt valued as a learner at this organisation</i> [responses on a 5-point Likert scale: <i>strongly disagree</i> – <i>disagree</i> – <i>neither agree nor disagree</i> – <i>agree</i> – <i>strongly agree</i>]. <p>A learner is any individual enrolled in an education or training program, including those offered by TAFEs, universities, RTOs, specialist colleges or the health service itself (e.g. Graduate Nurse Program). For early graduate and vocational/postgraduate learners, their course or program must be relevant to the clinical care functions of the organisation.</p> <p>Learner surveys should collect sufficient demographic information to allow disaggregation by discipline, as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results (such as: year level, clinical area, education provider and the time of year the clinical placement was conducted).</p> <p>Organisations may choose to include other questions in the learner survey to gain a more detailed understanding of factors that contributed to the rating given. Examples include:</p> <ul style="list-style-type: none"> ▪ Whether the learner's arrival was anticipated and planned for.

	<ul style="list-style-type: none"> Whether the learner was treated as part of the team. Whether the learner was given the opportunity to learn. Whether the learner felt respected for their contribution to the health service. How this experience compares to experiences at other organisations. <p>Staff surveys should collect sufficient demographic information to allow data to be disaggregated by discipline and learner level (i.e. early graduate or vocational/postgraduate), as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of learners at each learner level that nominated each response on the Likert scale. Organisations only have to report data for learner levels for which they have collected data. Note that data for vocational trainees and postgraduate learners are combined into one learner category for this indicator.</p> <p>BPCLEtool will automatically calculate the total number of respondents for each discipline and learner level for the reporting period and calculate the proportion of the total that answered <i>agree</i> or <i>strongly agree</i>.</p>
Disaggregation	<p>BPCLEtool will report on data disaggregated by discipline and learner level. Depending on how much demographic information is collected through surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by other parameters, such as gender, age, clinical unit (if appropriate), etc.</p>
Issues/comments	<p>The major caveat for interpretation of this indicator is that the outcome relies on a subjective assessment of <i>value</i> that cannot easily be validated or verified. Indeed, how an individual understands or experiences <i>being valued</i> may be influenced by gender, culture or age.</p> <p>Moreover, learner perceptions of how valued they were by the organisation may be coloured by other aspects of the training experience that do not reflect the level of value <i>per se</i>. For example, if learners were part of a large cohort or in the organisation at the same time as large numbers of other learner cohorts, the clinical education staff may have had less time to deal with individual learners and this could translate into feeling less valued on the part of the learners. Similarly, if learners felt concerned that they did not achieve all their learning objectives during the placement, or struggled with acquisition of some skills, this could colour their overall perception of the experience.</p> <p>Therefore, as far as practicable, this indicator should be interpreted in light of the results for other indicators, particularly those that interrogate factors that could impact on the outcome of this indicator. For example:</p> <ul style="list-style-type: none"> 4 - Staffing levels allow the time allocated to educational activities to be used for educational activities 5 - Annual expenditure on education activities compared to the previous year 8 - Staff feel satisfied their education role is valued by the organisation. 13 - Facilities prioritised for educational uses exist within the organisation 19 - Existence of high quality orientation materials and activities 20 - Learner satisfaction with respect to the welcome they receive 23 - Learner perceptions about their feeling of safety and wellbeing 24 - Proportion of learners included in inter-professional activities 29 - Learner satisfaction about their access to clinical educators 30 - Proportion of learners to educators and clinicians 32 - Learner satisfaction about their direct access to patients 37 - Satisfaction of learners who are not working under a structured program about their access to learning opportunities and resources
Related indicators	<ul style="list-style-type: none"> 20 - Learner satisfaction with respect to the welcome they receive 29 - Learner satisfaction about their access to clinical educators 30 - Proportion of learners to educators and clinicians 32 - Learner satisfaction about their direct access to patients
Other potential uses of	None suggested

this indicator	
Actions to improve the indicator result	<p>Actionable.</p> <p>As the main interface between the health service and the learner, the preceptor/clinical teacher/educator will have the largest impact on the learner's perception of how they are valued by the organisation. Thus, efforts to improve that interaction will likely have the largest impact on improving the indicator result.</p> <p>Note there are several potential target audiences for this indicator. BPCLEtool has primarily been set up to facilitate annual reporting of the overall result within the organisation, but the reporting frequency may vary for each audience.</p> <ul style="list-style-type: none"> For reporting within the health service, this indicator is recommended for reporting annually using BPCLEtool. For feedback to the education provider about the outcomes of placements, it may be necessary to report on every placement or cohort of learners, depending on what is stipulated in the relationship agreement (or schedules within the agreement). This will most easily be done using raw data collected from each learner cohort. For action within a clinical area or department, it may be necessary to report quarterly or biannually so that relevant quality improvement can occur in a timely manner. This will most easily be done using raw data collected from learner cohorts in particular departments.

Indicator number	10
Indicator	There is a documented strategy for ensuring participation in education-related activities contributes to career progression opportunities for staff
Category	Category III
BPCLE element	Element 1: An organisational culture that values learning
BPCLE sub-objective(s)	There is a career structure for educators
Indicator type	Structural
Relevant output	<ul style="list-style-type: none"> Longitudinal demonstration of career progression for some education staff
Relevant learner levels	This indicator relates to staff involved in the education and training of any learner level.
Indicator rationale	<p>If an organisation values particular skill sets or attributes of its staff, then it will establish mechanisms to ensure staff with those skills or attributes are retained within the organisation. Similarly, an organisation that values a particular function or activity will encourage its staff to participate in or contribute to that activity and will attempt to retain staff with experience in that activity.</p> <p>On the other hand, lack of career options and lack of opportunities for progression or promotion are major reasons for staff to leave. Likewise, if staff believe the activities they are involved in will not contribute to their career development or – worse – hold them back in career progression, they may be less inclined to participate in those activities. Thus, by documenting how participation in education-related activities can contribute to career development, the organisation is demonstrating the value it places upon education and educators, at the same time encouraging the participation of staff in those activities.</p> <p>Therefore, this indicator measures whether the stated values of the organisation are translated into policies and practices that serve to retain staff involved in clinical education.</p>
Numerator	This indicator requires a "yes" or "no" response
Denominator	Not applicable
Benchmark(s)	<p>None suggested</p> <p>This indicator is not recommended for comparisons between organisations, since career development and progression for staff (particularly in education-related roles) is not achievable in all settings.</p>
Specific data collection	<ul style="list-style-type: none"> A register (spreadsheet) of corporate documents.

tools required	
Information required to support indicator measurement	<p>Within the register, fields should be included for recording key attributes of the career progression policy, such as</p> <ul style="list-style-type: none"> ▪ Document/policy title and current version number. ▪ Discipline/clinical area to which the policy relates. ▪ Latest revision date. ▪ Next scheduled review date. ▪ Where the document can be obtained (hard copy and/or electronic as appropriate).
BPCLEtool data entry	<p>Answer “yes” or “no” to the question: “Is there a documented strategy for ensuring participation in education-related activities contributes to career progression opportunities for staff?”</p> <p>If the organisation has different policies for different disciplines, answer “yes” only if all disciplines involved in clinical education have a documented strategy for career progression or promotion.</p>
Disaggregation	BPCLEtool does not disaggregate the result.
Issues/comments	Smaller organisations may not find this indicator relevant, as there are only limited career progression opportunities available for staff in those settings. Note that, although an individual may not be able to progress through a hierarchy of educator roles in a smaller organisation, they might still be able to apply for promotion or more senior positions, with their service to education contributing favourably to their CV.
Related indicators	<p>2 - Education-related issues are explicitly addressed in the mission, vision and/or strategic documents (or equivalent) of the organisation</p> <p>3 - Attitudes to professional development amongst staff involved in clinical education</p> <p>6 - Proportion of relevant staff position descriptions (or performance management plans) with KPIs, or equivalent, relating to education</p> <p>7 - Proportion of staff involved in clinical education that access professional development in education each year</p>
Other potential uses of this indicator	The existence of documented strategy for ensuring participation in education-related activities contributes to career progression opportunities will be useful for staff recruitment and may provide useful guidance for performance management (in terms of goal and KPI setting, and in identifying relevant professional development activities).
Actions to improve the indicator result	<p>Not directly actionable.</p> <p>If relevant policies or strategies do not exist, this will need to be addressed through the organisation’s policy development mechanisms.</p>

Indicator number	11
Indicator	Education is included in the planning documents of the organisation
Category	Category I
BPCLE element	Element 1: An organisational culture that values learning
BPCLE sub-objective(s)	Education is included in all aspects of planning
Indicator type	Process
Relevant output	<ul style="list-style-type: none"> ▪ Various plans of the organisation include education as appropriate
Relevant learner levels	This indicator applies to educational activities for any learner level.
Indicator rationale	The mission, vision and strategic documents (or their equivalents) set out the <i>intent</i> of the organisation with respect to education, while the planning documents (particularly building, operational and work plans) <i>realise</i> that intent. If the planning documents do not also include relevant references to education, then the statements about education in the mission, vision and strategic documents become little more than rhetoric.
Numerator	The number of relevant planning documents that include references to education
Denominator	The total number of relevant planning documents within the organisation
Benchmark(s)	The suggested benchmark is 100%, as all relevant planning documents

	should refer to education.
Specific data collection tools required	<ul style="list-style-type: none"> Register (spreadsheet) of corporate documents (including planning documents).
Information required to support indicator measurement	<p>In the context of this indicator, references to "education" in planning documents includes references to any education-related roles, activities, outcomes, infrastructure and resources that are relevant to teaching and learning for any learner level.</p> <p>The register of planning documents should include:</p> <ul style="list-style-type: none"> Document title and current version number. Type of planning document. Information about who (or what) the document applies to. Date of latest update. Whether statements relating to education are included. Where the document can be accessed (e.g. website, intranet, hard copy, etc). <p>Using a register (such as the register provided in the BPCLEtool Indicator Data Collector workbook) to record this information is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p> <p>The six categories of planning documents are:</p> <ul style="list-style-type: none"> Building plans. Infrastructure and equipment plans. IT plans. Operational plans. Work plans. Other plans
BPCLEtool data entry	<p>For each of the six categories of planning documents, enter the total number of current planning documents, as well as the number of those documents that include references to education. Organisations do not have to report data for all categories of planning documents.</p> <p>BPCLEtool will automatically calculate the proportion of documents in each category that include references to education.</p>
Disaggregation	BPCLEtool will only present the results for each category of planning document without further disaggregation.
Issues/comments	<p>A major issue for each organisation will be determining which are the relevant planning documents that <u>should</u> include references to education. Moreover, not every organisation will have the same suite of planning documents for which this indicator is relevant, and therefore it is not appropriate to define a set of documents to comply with this indicator. Generally, <i>strategic plans</i> are considered to be strategic documents rather than operational documents and would therefore be included under Indicator #2.</p> <p>Therefore, in the first instance, it will be necessary in most cases to audit all planning documents of the organisation to establish the number relevant documents. This is likely to be an onerous task for many organisations, unless this information is already recorded.</p> <p>Acknowledging this, it may be more time and cost effective to conduct the audit and compile the register in the course of developing new planning documents or reviewing and updating existing planning documents.</p> <p>It is recommended this indicator continue to be monitored even after the indicator is achieved for all relevant plans, since plans are continually being developed or updated.</p> <p>Note that, at present, this indicator does not address the quality or extent of coverage of education in the planning documents, only whether reference to education is made.</p>
Related indicators	<p>2 - Education-related issues are explicitly addressed in the mission, vision and/or strategic documents (or equivalent) of the organisation</p> <p>5 - Annual expenditure on education activities compared to the previous year</p> <p>12 - Education is included as a standing item on the agenda of senior</p>

	management meetings
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	<p>Directly actionable.</p> <p>If education is not included in relevant planning documents, this suggests that education is not being considered when the plans are being developed. In turn, this probably means that staff involved in clinical education are not being consulted during the planning process. Where this is the case, the situation can immediately be redressed by including relevant individuals on planning groups.</p> <p>It may also be useful to review the outcomes of related indicators, since these may have direct bearing on why education is not included in planning documents. The inclusion of education as a standing item on the agenda of senior management meetings is particularly relevant, since planning processes are usually initiated in these forums.</p>

Indicator number	12
Indicator	Education is included as a standing item on the agenda of senior management meetings
Category	Category III
BPCLE element	Element 1: An organisational culture that values learning
BPCLE sub-objective(s)	Education is included in all aspects of planning
Indicator type	Process
Relevant output	<ul style="list-style-type: none"> Education is referred to in the minutes of senior management meetings Various plans of the organisation include education as appropriate
Relevant learner levels	This indicator applies to educational activities for any learner level.
Indicator rationale	<p>In organisations where there is an internal management structure, senior management are responsible for directing and overseeing all activities of the organisation. The senior managers have delegated responsibility for aspects of core business of the organisation, as well as for other activities or functions. The senior management meetings provide an opportunity for all managers to report on their areas of responsibility and discuss issues relevant to the efficient and effective operation of the organisation.</p> <p>The BPCLE Framework exhorts organisations to value and prioritise the educational role of the organisation as highly as the provision of health care; that is, to treat education as core business. For this to occur in practice, senior management must regularly consider the impact of management decisions on education and must factor education into decision-making processes. The inclusion of education as a standing item on agendas ensures that educational activities are discussed on a regular basis and thereby ensures that all managers – even those not directly involved in education – are aware of educational activities. This will increase the likelihood of education being a central consideration during planning.</p>
Numerator	Number of relevant senior management committees that include education as a standing item on their meeting agendas
Denominator	Number of relevant senior management committees
Benchmark(s)	The suggested benchmark is 100% of relevant senior management committees including education as a standing item on their meeting agendas.
Specific data collection tools required	<ul style="list-style-type: none"> Register (spreadsheet) of senior management committees.
Information required to support indicator measurement	<p>In the context of this indicator:</p> <p>An agenda item for <i>Education</i> would address any education-related roles, activities, outcomes, infrastructure and resources that are relevant to teaching and learning for any learner level.</p> <p><i>Senior management</i> – The highest level of operational management within the organisation, usually comprising the CEO, the senior financial officer</p>

	<p>and other senior managers. Senior management does not include the board of management, which is responsible for corporate governance, as opposed to operational management.</p> <p>The register of senior management committees should include the following information about each committee:</p> <ul style="list-style-type: none"> ▪ Committee name/title. ▪ Committee chair. ▪ Terms of reference, including frequency of meetings. ▪ A list of standing agenda items. <p>Using a register (such as the register provided in the BPCLEtool Indicator Data Collector workbook) to record this information is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p>
BPCLEtool data entry	<p>Enter the total number of senior management committees that exist in the organisation, as well as the number of those committees where education is included as a standing item on the meeting agenda.</p> <p>BPCLEtool will automatically calculate the proportion of senior management committees where education is included as a standing item on the agenda.</p>
Disaggregation	BPCLEtool does not disaggregate the result.
Issues/comments	<p>Organisations will need to determine which of its senior management committees should include education as a standing item on the agenda (and which should therefore be counted as <i>relevant senior management committees</i>). This is expected to vary between organisations, particularly as the number, type and remit of senior management committees varies between organisations.</p> <p>It is worth noting that the existence of an education committee does not obviate the need for education to be included as a standing item on other committee meeting agendas. Furthermore, sub-committees may need to include education on their agenda regardless of the inclusion of education on the agenda of the committee to which they report.</p> <p>Small organisations that lack an internal management structure may not find this indicator particularly relevant. However, even in these settings, if there are meetings of practice partners or team/practice meetings, these may serve as the equivalent of senior management meetings and would provide an important forum for discussion of education-related issues.</p> <p>Although the indicator is limited to whether education is included on the agenda of relevant management meetings, it is also necessary to ensure education is actually regularly discussed (i.e. the agenda item is not always being deferred due to lack of time or because relevant people are absent). Therefore, periodic audit of the minutes of the relevant committees should be undertaken to determine the frequency with which education items are actually discussed and deliberated upon.</p>
Related indicators	<p>2 - Education-related issues are explicitly addressed in the mission, vision and/or strategic documents (or equivalent) of the organisation</p> <p>5 - Annual expenditure on education activities compared to the previous year</p> <p>11 - Education is included in the planning documents of the organisation</p>
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	<p>Actionable.</p> <p>If education is not included as a standing item on the agenda of relevant committee meetings, this may indicate that none of the members of the committee has responsibility for education. This can be most readily addressed by ensuring the committee has appropriate membership, or by ensuring one or more of the members of the committee has delegated (or assigned) responsibility for reporting on education.</p> <p>It may also be necessary to amend the terms of reference of a relevant committee to explicitly refer to education, or to increase the duration of committee meetings to allow adequate time to deal with education issues.</p>

Indicator number	13
Indicator	Facilities prioritised for educational uses exist within the organisation
Category	Category I (Externally reportable in Victoria)
BPCLE element	Element 1: An organisational culture that values learning Element 6: Appropriate resources and facilities
BPCLE sub-objective(s)	Education is included in all aspects of planning Learners and staff have access to the facilities and materials needed to optimise the clinical learning experience
Indicator type	Structural
Relevant output	<ul style="list-style-type: none"> ▪ Policies, protocols and plans exist that guide the use of facilities and resources
Relevant learner levels	This indicator applies to facilities used by any learner level.
Indicator rationale	<p>The space allocated to an activity reflects the status of the activity within the organisation (in terms of the value placed on that activity) and the extent to which the needs of the activity have been factored into planning processes.</p> <p>Although many clinical teaching and learning activities take place in the clinical context (i.e. at the bedside, in the clinic or in the consulting room), some activities require non-clinical spaces or facilities. If such spaces or facilities are not made available for educational purposes as a priority, then educational activities will inevitably lose access to these facilities over time, as patient/client care will always take precedence.</p> <p>Lack of available education facilities not only creates the impression that the organisation does not see education as a high priority, it also negatively impacts on the ability of educators to deliver education most effectively and reduces the access of learners to educational opportunities.</p>
Numerator	The number of education facilities prioritised for educational uses (by category) within the organisation
Denominator	Not applicable
Benchmark(s)	<p>This indicator is not recommended for benchmarking in the first instance, since (a) there is no empirical evidence that a particular level or type of educational facility is essential for a high quality clinical learning experience, and (b) setting an arbitrary level of facilities as a benchmark could create a problem for organisations that might not be in a position to rectify the situation.</p> <p>It is recommended that data be objectively collected by all organisations for a period of 3-5 years. Eventually, as this data can be correlated with the results of learner surveys and other outcome measures, it may be possible to establish benchmarks for the various setting types and the range of health professional disciplines.</p>
Specific data collection tools required	<ul style="list-style-type: none"> ▪ A register (spreadsheet) of facilities available for educational use.
Information required to support indicator measurement	<p>To support indicator measurement the following definition is provided:</p> <ul style="list-style-type: none"> ▪ <i>Facilities prioritised for educational uses</i> – refers to rooms or spaces that are used for teaching and learning activities, or amenities for learners while they are participating in those activities. The facilities may be used by any learner level and may be used for other purposes, but they would be prioritised for educational purposes. That is, if the facility were needed for both education-related and non-education activities, the education-related activity would have priority. The facilities for which data is specifically being collected are: <ul style="list-style-type: none"> ○ Lecture theatres. ○ Tutorial (or debriefing) rooms. ○ Computer labs. ○ Library facilities. ○ Simulation facilities. ○ Skills labs. ○ Other work areas, such as consultation rooms or clinics. ○ Social or recreational areas.

	<ul style="list-style-type: none"> ○ Lockers and change rooms. ○ Living accommodation. <p>The register of facilities should include the following information fields for each facility:</p> <ul style="list-style-type: none"> ▪ Type (or category) of facility (e.g. lecture theatre, tutorial room, computer lab, etc). ▪ Size of facility (in square metres or user capacity). ▪ Resources (including infrastructure or equipment) included in the facility (e.g. videoconferencing, communication technologies, iPads/tablets/mobile devices etc., as appropriate). ▪ Major user groups (or usage purposes). <p>If the health service conducts retrospective analysis of facility usage, this information could also be recorded in the register.</p> <p>Other contextual information could also be recorded, for example in relation to organisation size and educational capacity:</p> <ul style="list-style-type: none"> ▪ Number of patient separations per year OR Number of patient/client consultations per year. ▪ Number of beds. ▪ Number of different services offered. ▪ Number of entry-level learner placement days per year. ▪ Peak learner activity = the maximum number of learners at a single time in the peak day/week/month. <p>Using a register (such as the register provided in the BPCLEtool Indicator Data Collector workbook) to record this information is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p>
BPCLEtool data entry	<p>For each of the 10 categories of facility, record the number of facilities that are <i>prioritised for educational uses</i>.</p> <p>Multi-purpose facilities that serve as more than one of the 10 listed categories (e.g. a room used as both a lecture theatre and a tutorial room) should be recorded against the facility category for which they are predominantly used. Notes can be recorded on the BPCLEtool data entry form, but the organisation should also record on its facility register how such facilities are reported for the purposes of this indicator.</p>
Disaggregation	BPCLEtool will report the results for the 10 specified categories.
Issues/comments	<p>Note organisations are not required to demonstrate their facilities are proportionate to the size and educational capacity of the organisation. Indeed, it is acknowledged that different setting categories will have different types (and numbers) of facilities with varying levels of equipment and other resources. In the first instance, organisations are only required to identify how many facilities (and of what kind) they have that are prioritised for educational purposes.</p> <p>Despite not recommending a benchmark in the first instance, it is still possible for individual education providers and health services to include access to particular types or standards of facilities in their relationship agreement. Indeed information about the availability of facilities will be important in assisting education providers to make an informed decision about the number of learners that could be placed at an organisation.</p> <p>It is very likely that the majority of facilities will not be exclusively for the teaching and learning activities of learners, given that space is usually at a premium in most organisations. Therefore, it is anticipated that organisations will have a sliding scale of usage of facilities by various learner groups, ranging between incidental or occasional usage, through to dedicated or exclusive usage. Moreover, determining these levels of usage will require some retrospective analysis of room bookings. It is acknowledged that such auditing of the facilities available for educational purposes may be reasonably time-consuming for some organisations, particularly for large health services distributed across multiple sites or campuses.</p>
Related indicators	2 - Education-related issues are explicitly addressed in the mission, vision and/or strategic documents (or equivalent) of the organisation

	5 - Annual expenditure on education activities compared to the previous year 11 - Education is included in the planning documents of the organisation
Other potential uses of this indicator	Auditing room usage patterns for the purposes of this indicator will allow organisations to determine more generally how facilities are being used and will provide an evidence base for rationalising space allocation across all activities of the organisation.
Actions to improve the indicator result	Not directly actionable. Initially, no actions are recommended in terms of improving performance against this indicator, as it may not be clear what constitutes a “good” result. However, organisations will also have anecdotal information about whether existing education facilities are adequate for the numbers of learners. Although it will usually not be possible to immediately increase the space available for education activities, organisations can use the room usage audit data to inform policies on prioritising room access.

Element 2: Best practice clinical practice

Indicator number	14
Indicator	There is a schedule for review and updating of policies and procedures relevant to best practice clinical practice
Category	Category IV
BPCLE element	Element 2: Best practice clinical practice
BPCLE sub-objective(s)	There is an organisational commitment to quality of care and continuous quality improvement
Indicator type	Process
Relevant output	<ul style="list-style-type: none"> The quality improvement budget is spent on quality improvement activities Longitudinal demonstration of improvement
Relevant learner levels	Not applicable This indicator relates to clinical best practice, not specifically to education, and therefore does not apply to particular learner groups.
Indicator rationale	The term ‘best practice’ is something of a misnomer, since it implies finality. In reality, achieving best practice is an ongoing process of identifying, implementing and testing the best available evidence. Implicit in this concept is the expectation that policies and procedures will be regularly reviewed and updated to ensure they reflect current knowledge, technology and attitudes. By maintaining a schedule for the review of its policies and procedures relevant to best practice clinical practice, an organisation can plan for review processes to ensure adequate resources are available, thereby demonstrating its commitment to continuous quality improvement.
Numerator	The number of policy and procedure documents relevant to best practice clinical practice that have been – or are scheduled for – review/updated within a two-year period
Denominator	The total number of policy and procedure document relevant to best practice clinical practice
Benchmark(s)	None suggested
Specific data collection tools required	<ul style="list-style-type: none"> A register (spreadsheet) of corporate documents (including policies and procedures).
Information required to support indicator measurement	<p>The register of policies and procedures should include the following information fields for each document:</p> <ul style="list-style-type: none"> Document name or title and version number. Category (policy, protocol or both). Other relevant information, such as what the document relates to and who it applies to. Where the document can be found (i.e. location of hard copy and/or electronic version). Last date of review/revision.

	<ul style="list-style-type: none"> Next scheduled review date. <p>Using a register (such as the register provided in the BPCLEtool Indicator Data Collector workbook) to record this information is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p>
BPCLEtool data entry	<p>Enter the following information about the organisation's policy and procedure documents relevant to best practice clinical practice:</p> <ul style="list-style-type: none"> The total number of these documents in the organisation. The number of these documents that have been reviewed and/or updated in the last 12 months. The number of these documents that have not been reviewed or updated in the last 12 months that are due for review in the next 12 months. <p>BPCLEtool will automatically calculate the proportion of policy and procedure documents that have been, or are scheduled for, review within the two-year period (i.e. the last 12 months and the next 12 months).</p>
Disaggregation	BPCLEtool does not disaggregate the result.
Issues/comments	<p>Most organisations will have extensive collections of policies and procedures and it is anticipated these may not currently be catalogued in any form of register. Therefore, it will be necessary in most cases to audit all policy and procedure documents of the organisation and log them in an appropriate spreadsheet. This is likely to be an onerous task, unless this information is already recorded.</p> <p>Acknowledging this, it may be more time and cost effective to conduct the audit and compile the register in the course of developing new policy or procedure documents or reviewing and updating existing documents.</p> <p>This indicator does not specify the frequency of review, as this will vary between documents. Moreover, the existence of a register of corporate documents showing the next scheduled review date does not guarantee the documents will be reviewed according to the schedule. Therefore, the organisation may wish to audit the document review process periodically, to determine whether policy and procedure documents are being reviewed according to the schedule and whether the period between reviews is appropriate.</p>
Related indicators	<p>15 - Existence and utilisation of frameworks, structures, tools or mechanisms to support evidence-based practice and decision-making</p> <p>17 - There is a schedule for review and updating of clinical practice guidelines against new evidence</p>
Other potential uses of this indicator	A register of the organisation's policies and procedures will assist organisations to identify gaps in their corporate documentation.
Actions to improve the indicator result	<p>Directly actionable.</p> <p>If the organisation does not have a register of policy and procedure documents, it will be necessary to establish such a register. As discussed above, it may be necessary to do this over an extended period of time, as the task is likely to be labour-intensive. This register should be part of a larger register of corporate documents, which will be needed to address other indicators of the BPCLE Framework.</p> <p>Once the register is established, it will be important to maintain the register and to regularly run reports from it, to identify which documents are coming up for review in any given period. This will allow resources to be allocated to document review and revision processes and allow relevant staff to incorporate these activities into their work plans.</p>

Indicator number	15
Indicator	Existence and utilisation of frameworks, structures, tools or mechanisms to support evidence-based practice and decision-making
Category	Category IV
BPCLE element	Element 2: Best practice clinical practice
BPCLE sub-objective(s)	There is an organisational commitment to quality of care and continuous

	quality improvement
Indicator type	Process
Relevant output	<ul style="list-style-type: none"> ▪ The quality improvement budget is spent on quality improvement activities ▪ Longitudinal demonstration of improvement
Relevant learner levels	<p>Not applicable</p> <p>This indicator relates to clinical best practice, not specifically to education, and therefore does not apply to particular learner groups.</p>
Indicator rationale	<p>An organisation's commitment to quality of care and continuous quality improvement is exemplified by</p> <ul style="list-style-type: none"> (i) Policies and protocols that encourage and enable high quality care; (ii) Resourcing that practically supports staff in professional development and implementation of best practice; and (iii) The establishment of organisational structures that can assist in developing best practice guidelines and in promoting organisational change. <p>In relation to the third point, when monitoring compliance with relevant quality standards, organisations often focus on the <i>existence</i> of relevant organisational structures, rather than on their <i>effectiveness</i>. This indicator addresses key process questions by determining staff awareness of organisational structures that support evidence-based practice and decision-making and whether existing structures are actually utilised by staff.</p>
Numerator	<p>There are two components to this indicator:</p> <ul style="list-style-type: none"> (1) Whether clinical staff are aware of the existence of frameworks, structures, tools and mechanisms to support evidence-based practice and decision-making; and (2) Whether clinical staff are utilising these frameworks, structures, tools and mechanisms. <p>Accordingly, two different numerators are required:</p> <ul style="list-style-type: none"> (1) The number of clinical staff who indicate they are aware of the existence of at least one framework, structure, tool or mechanism to support evidence-based practice and decision-making (2) The number of clinical staff that indicate they use at least one of the frameworks, structures, tools or mechanisms
Denominator	<p>The denominator for both components of this indicator is:</p> <ul style="list-style-type: none"> ▪ The total number of clinical staff that responded to each question
Benchmark(s)	<p>For the first component of the indicator, the suggested benchmark is 100% of relevant staff (i.e. clinical staff, managers and senior management, but not administrative staff) being aware of organisational supports for evidence-based practice and decision-making. All relevant staff should understand what evidence-based practice is and should be aware of how the organisation incorporates the principles into its operations.</p> <p>On the other hand, not all of these same staff members will necessarily have needed to make use of the supports (for example, very junior staff or very new staff, or senior management staff without clinical responsibilities). Therefore the suggested benchmark for the second component of the indicator is 50% of relevant staff indicating they have used at least one of the supports. This benchmark may need to be revisited for organisations that have a high proportion of staff who would not reasonably be expected to make use of the organisational supports for evidence-based practice and decision-making.</p>
Specific data collection tools required	<ul style="list-style-type: none"> ▪ Staff survey including relevant question(s). ▪ A spreadsheet to record numbers of staff in each discipline that nominate each response. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. ▪ If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to

	allow responses to be cross-tabulated with various demographic categories (see disaggregation section below).
Information required to support indicator measurement	<p>The staff survey will need to include two questions, namely:</p> <p>(1) <i>Are you aware of any of the following organisational supports for evidence-based practice and decision-making?</i></p> <ul style="list-style-type: none"> <i>Examples of organisational supports, or alternatively, an explanation of what is categorised as a framework, structure, tool or mechanism may be provided to prompt respondents.</i> <p>(2) <i>If “yes” to question (1), Have you used any of those organisational supports for evidence-based practice and decision-making? (If Yes, which ones?)</i></p> <p>Both questions should have a Yes/No response format.</p> <p>Staff surveys should collect sufficient demographic information to allow data to be disaggregated by discipline, as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results, such as clinical area or department, type or level of appointment (or other information about their role within the organisation), and years since obtaining their entry level qualification.</p>
BPCLEtool data entry	<p>For each question, enter the number of respondents in each discipline that answer “yes” and the number of respondents that answer “no”. Since Q2 <i>Use of Organisational Supports</i> should only be answered by individuals that answered “yes” to Q1 <i>Awareness of Organisational Supports</i>, the total number of respondents (i.e. “yes” + “no”) for Q2 should be the same as the number that answered “yes” to Q1.</p> <p>BPCLEtool will automatically calculate the proportion of staff in each discipline that are aware of organisational supports for evidence-based practice and decision-making, as well as the proportion of staff that have used those supports.</p>
Disaggregation	<p>BPCLEtool will report on data disaggregated by discipline.</p> <p>Depending on how much demographic information is collected through staff surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by other parameters, such as the role of the individual within the organisation and/or the experience level of the staff.</p>
Issues/comments	<p>This indicator is predicated on the assumption that all organisations, regardless of size and geographical location, will have at least some form of organisational support for evidence-based practice and decision-making. Larger organisations may have more sophisticated structures, tools and mechanisms in place, such as evidence-based support units, whose role is to review organisational procedure and identify bottlenecks or new activities to improve services. Such units may also be tasked with undertaking literature reviews to identify best practice. However, smaller organisations are able to access resources such as the Cochrane Library (http://www.thecochranelibrary.com/) if they lack the internal resources to review available evidence themselves.</p>
Related indicators	<p>4 - Staffing levels allow the time allocated to educational activities to be used for educational activities</p> <p>12 - Education is included as a standing item on the agenda of senior management meetings</p> <p>14 - There is a schedule for review and updating of policies and procedures relevant to best practice clinical practice</p> <p>17 - There is a schedule for review and updating of clinical practice guidelines against new evidence</p> <p>To the extent that there are education specific frameworks, structures, tools or mechanisms to support evidence-based education practice and decision-making, the following are also related indicators:</p>
Other potential uses of this indicator	<p>Knowledge Transfer and Exchange (KTE), is a major focus of many services and government agencies within the health area. KTE refers to the uptake of evidence into practice and how practice informs the research agenda (generation of evidence). The difficulties associated with KTE are well documented. Through data collection for this indicator, organisations may be able to identify their KTE activities and subsequently where further</p>

	action is required.
Actions to improve the indicator result	<p>Actionable.</p> <p>If organisational supports for evidence-based practice and decision-making exist, but staff awareness or usage of them is low, organisations will need to investigate the underlying reasons. Depending on the nature of the problem, improvements might be mediated through:</p> <ul style="list-style-type: none"> Improving communication about the existence of the supports. Staff training on the use of the supports. Provision of additional financial and human resources to allow staff to make use of the supports.

Indicator number	16
Indicator	Proportion of clinical staff accessing clinical professional development activities each year
Category	Category IV
BPCLE element	Element 2: Best practice clinical practice
BPCLE sub-objective(s)	Clinical staff are highly skilled, knowledgeable and competent
Indicator type	Structural
Relevant output	<ul style="list-style-type: none"> Performance management plans that specify skill levels and performance improvement targets Actual skill and credential mix matches the planned requirements
Relevant learner levels	<p>Not applicable</p> <p>This indicator relates to clinical professional development and therefore does not apply to particular learner groups.</p>
Indicator rationale	Clinical practice is not a static endeavour. The knowledge base is continually growing and changing and new technologies quickly supersede old ones. While ongoing training and professional development is not a guarantee that clinicians will keep pace with changes to professional practice, those who undertake ongoing professional development are more likely to be highly skilled, knowledgeable and competent within a dynamic profession than those that do not.
Numerator	The number of clinical staff within the organisation that have undertaken clinical professional development in the past 12 months
Denominator	The number of clinical staff within the organisation
Benchmark(s)	Given that many disciplines require professional development activities be undertaken each year for professional registration, the suggested benchmark for this indicator is that 90% of clinical staff access clinical professional development activities each year.
Specific data collection tools required	<ul style="list-style-type: none"> HR system/database that includes fields for recording information about participation in various professional development activities. <p>Alternatively, this information could be collected via the inclusion of relevant questions in an annual staff survey.</p>
Information required to support indicator measurement	<p>To support indicator measurement the following definitions are provided:</p> <ul style="list-style-type: none"> <i>Clinical staff</i> – employees responsible for the provision of health or social care services. This indicator does not apply to non-clinical staff. <i>Clinical professional development</i> - activities aimed at improving the practice or knowledge of the clinician. Given the focus of this element of the framework, the activity should relate to their clinical duties (rather than administration or education). These professional development activities may be offered by the organisation, an education provider partner, or another training entity. To be counted in the numerator, there would need to be evidence of attendance at the course (e.g. noted on the register of attendees or receipt of a certificate of completion/attendance). <p>Ideally, the organisation's HR system will include fields for recording the following information:</p> <ul style="list-style-type: none"> The clinical role of the staff member. Relevant details of all clinical professional development activities

	<p>undertaken (name of course/training session; level of award, if applicable; date(s) undertaken/completed, etc).</p> <p>If it is not possible for the organisation's HR system to incorporate these fields, then it may be necessary to establish a stand-alone registry of staff for the purposes of this indicator. An example of such a register is provided in the BPCLEtool Indicator Data Collector workbook. Explicit recording of information about staff accessing clinical professional development is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter</p> <ul style="list-style-type: none"> ▪ The total number of clinical staff; and ▪ The number of clinical staff that have undertaken clinical professional development in the current reporting period. <p>BPCLEtool will automatically calculate the proportion of clinical staff that have undertaken clinical professional development .</p>
Disaggregation	BPCLEtool will report on data disaggregated by discipline.
Issues/comments	<p>Health services do not generally collect data relating to the professional development activities of their employees. Therefore, most organisations will need to establish a process for collecting and verifying this data, as well as the database infrastructure to record it.</p> <p>For many organisations, the HR system may be able to accommodate additional data fields. Where this is not possible, separate spreadsheets or registers will be required. For all health services, the main issues will be ensuring employees routinely self-report their participation in professional development activities (either directly into their HR record or the relevant register if they have access, or to an administrator with responsibility for entering the data) and establishing a suitable mechanism of verification. All these processes do represent additional workload for staff.</p>
Related indicators	<p>3 - Attitudes to professional development amongst staff involved in clinical education</p> <p>4 - Staffing levels allow the time allocated to educational activities to be used for educational activities</p> <p>5 - Annual expenditure on education activities compared to the previous year</p> <p>6 - Proportion of relevant staff position descriptions (or performance management plans) with KPIs, or equivalent, relating to education</p> <p>7 - Proportion of staff involved in clinical education that access professional development in education each year</p> <p>15 - Existence and utilisation of frameworks, structures, tools or mechanisms to support evidence-based practice and decision-making</p>
Other potential uses of this indicator	Data collected for this indicator could be used to identify opportunities to coordinate staff professional development and avoid unnecessary duplication. Depending on the level of detail recorded about the activities staff are participating in, this indicator could also be used to forward plan the workforce development needs of staff.
Actions to improve the indicator result	<p>Actionable.</p> <p>Actions to improve the indicator result might include:</p> <ul style="list-style-type: none"> • Encouraging more clinical staff to undertake professional development, particularly professions where registration-related incentives do not exist. • Supporting professional development through provision of study leave and/or time off and/or staff rostering. • Offering professional development activities at times when activities can be accessed by staff. • Allocating a larger proportion of the budget to education activities. • Working with relevant education providers to exchange educational activities for clinical expertise.

Indicator number	17
Indicator	There is a schedule for review and updating of clinical practice guidelines against new evidence
Category	Category IV
BPCLE element	Element 2: Best practice clinical practice
BPCLE sub-objective(s)	The organisation adopts best evidence into practice
Indicator type	Process
Relevant output	<ul style="list-style-type: none"> Utilisation of mechanisms to adopt evidence into practice
Relevant learner levels	<p>Not applicable</p> <p>This indicator relates to clinical best practice, not specifically to education, and therefore does not apply to particular learner groups.</p>
Indicator rationale	<p>Clinical practice is a continually evolving activity, underpinned by a knowledge base that is ever-changing and growing, and increasingly dependent on technologies that are constantly being refined. To be useful, practice guidelines must keep pace with and reflect the evolution of ideas and therefore organisations that are attempting to adopt best evidence into practice will have processes for ongoing review of those guidelines. This is particularly important in the context of the BPCLE Framework, as learners often refer to practice guidelines.</p> <p>By maintaining a schedule for the review of its practice guidelines, an organisation can plan for review processes to ensure adequate resources are available, thereby demonstrating its commitment to best practice clinical practice.</p>
Numerator	The number of clinical practice guidelines that have been – or are scheduled for – review/updating within a two-year period
Denominator	The total number of clinical practice guidelines
Benchmark(s)	None suggested
Specific data collection tools required	<ul style="list-style-type: none"> A register (spreadsheet) of clinical practice guidelines.
Information required to support indicator measurement	<p>The register of practice guidelines should include the following information fields for each guideline:</p> <ul style="list-style-type: none"> Guideline name (or title) and version number. Other information, such as relevant discipline or clinical area. Where the document can be found (i.e. location of hard copy and/or electronic version). Last date of review/revision. Next scheduled review date. <p>Using a register (such as the register provided in the BPCLEtool Indicator Data Collector workbook) to record this information is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p>
BPCLEtool data entry	<p>Enter the following information about the organisation's clinical practice guidelines:</p> <ul style="list-style-type: none"> The total number of these documents in the organisation. The number of these documents that have been reviewed and/or updated in the last 12 months. The number of these documents that have not been reviewed or updated in the last 12 months that are due for review in the next 12 months. <p>BPCLEtool will automatically calculate the proportion of clinical practice guidelines that have been, or are scheduled for, review within the two-year period (i.e. the last 12 months and the next 12 months).</p>
Disaggregation	BPCLEtool does not disaggregate the result.
Issues/comments	<p>This indicator may not be relevant for organisations that do not have the in-house resources for review and revision of clinical practice guidelines, relying instead on external sources for up-to-date practice guidelines.</p> <p>The organisations for which this indicator is relevant are likely to be larger</p>

	<p>and will therefore have extensive collections of practice guidelines. Unless maintaining a register of guidelines is being undertaken as part of compliance with quality frameworks, it is anticipated practice guidelines will not currently be catalogued in any form of register. Therefore, it will be necessary in most cases to audit all practice guidelines held by the organisation and log them in an appropriate spreadsheet. This is likely to be an onerous task.</p> <p>Acknowledging this, it may be more time and cost effective to conduct the audit and compile the register in the course of developing new practice guidelines or reviewing and updating existing guidelines.</p> <p>This indicator does not specify the frequency of review, as this will vary between guidelines. Moreover, the existence of a register of guidelines showing the next scheduled review date does not guarantee the guidelines will be reviewed according to the schedule. Therefore, the organisation may wish to audit the review process periodically, to determine whether guidelines are being reviewed according to the schedule and whether the period between reviews is appropriate.</p>
Related indicators	<p>15 - Existence and utilisation of frameworks, structures, tools or mechanisms to support evidence-based practice and decision-making</p> <p>17 - There is a schedule for review and updating of policies and procedures relevant to best practice clinical practice</p>
Other potential uses of this indicator	A register of practice guidelines may assist in compliance for health service accreditation purposes.
Actions to improve the indicator result	<p>Directly actionable.</p> <p>If the organisation does not have a register of practice guidelines, it will be necessary to establish such a register. As discussed above, it may be prudent to do this over an extended period of time, as the task is likely to be labour-intensive.</p> <p>Once the register is established, it will be important to maintain the register and to regularly run reports from it, to identify which guidelines are coming up for review in any given period. This will allow resources to be allocated to guideline review and revision processes and allow relevant staff to incorporate these activities into their work plans.</p>

Element 3: A positive learning environment

Indicator number	18
Indicator	Learner inclinations regarding return for employment
Category	Category II
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	The organisation provides an overall positive learning experience for learners
Indicator type	Outcome
Relevant output	None
Relevant learner levels	This indicator only applies to professional entry learners (see <i>Definitions</i> on p.4).
Indicator rationale	A major rationale for improving the quality of clinical learning environments is to improve recruitment and retention of new graduates. This is based on evidence suggesting that if learners have a positive learning experience at a health service, they will be more likely to want to return there for employment, other considerations being equal.
Numerator	The number of positive responses (i.e. <i>definitely</i> or <i>maybe</i> on a 5-point scale) to the question: <i>Other considerations aside, based on your experience during your placement in this organisation, would you consider employment here?</i>
Denominator	Total number of learners that responded to the question
Benchmark(s)	<p>None.</p> <p>This indicator is not recommended for comparisons between health services, since there are many factors that impact on whether learners consider employment at one organisation versus another. Within an</p>

	organisation, it may be possible to establish internal benchmarks once the organisation has collected data for several years and can compare the results over time and between learner cohorts.
Specific data collection tools required	<ul style="list-style-type: none"> ▪ Learner survey including relevant question(s). ▪ A spreadsheet to record numbers of learners in each discipline that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. ▪ If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories (see disaggregation section below).
Information required to support indicator measurement	<p>The learner survey will need to include the following question at a minimum:</p> <ul style="list-style-type: none"> ▪ <i>Other considerations aside, based on your experience during your placement in this organisation, would you consider employment here?</i> [responses on a 5-point Likert scale: <i>definitely</i> – <i>possibly</i> – <i>unsure</i> – <i>probably not</i> – <i>definitely not</i>] <p>The question could include examples of “other considerations” e.g. family issues, geographical location, etc.</p> <p>Organisations may wish to include additional questions to collect more detailed information from learners that indicate they are disinclined to return for employment in the future.</p> <p>Learner surveys should collect sufficient demographic information to allow data to be disaggregated by discipline, as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of learners that nominated each response on the Likert scale.</p> <p>BPCLEtool will automatically calculate the total number of respondents for each discipline for the reporting period and calculate the proportion of the total that answered <i>definitely</i> or <i>possibly</i>.</p>
Disaggregation	<p>BPCLEtool will report on data disaggregated by discipline.</p> <p>Depending on how much demographic information is collected through learner surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by other parameters, such as gender, age, clinical unit (if appropriate), etc.</p>
Issues/comments	<p>A major caveat to the interpretation of this indicator is that a low rate of inclination to return for employment does not necessarily indicate a poor quality clinical learning environment. Notwithstanding the survey question asks respondents to set aside “other considerations”, it is very likely that learner inclinations to return will be coloured by factors that have nothing to do with the quality of the learning environment, including personal reasons, professional reasons (e.g. preferring another specialty or setting type) or geo-socio-economic reasons.</p> <p>Health services may also wish to further explore this issue by determining the proportion of applicants for positions who undertook clinical placements at the organisation.</p>
Related indicators	<p>None. As discussed above, high levels of learner satisfaction with various aspects of the placement experience will not necessarily translate into an inclination to return to the organisation for employment.</p>
Other potential uses of this indicator	<p>None suggested</p>
Actions to improve the indicator result	<p>Not directly actionable.</p> <p>No action suggested. This indicator is the sum of all other indicators and action taken to improve performance in those domains will be reflected in the overall quality of the clinical learning experience for learners.</p>

Indicator number	19
Indicator	Existence of high quality orientation materials and activities
Category	Category I
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	The environment is welcoming
Indicator type	Structural
Relevant output	<ul style="list-style-type: none"> A structured welcome, including orientation materials and a dedicated orientation session
Relevant learner levels	<p>This indicator applies to three learner levels (see <i>Definitions</i> on p.4), namely:</p> <ul style="list-style-type: none"> Professional entry learners Early graduate learners Vocational/postgraduate learners
Indicator rationale	<p>Formal orientation activities are important in assisting learners to settle into a new clinical learning environment. Apart from the obvious function of providing basic information about the set-up, layout and operation of the organisation and/or specific clinical units, orientation provides a mechanism to impart more intangible information about the culture and values of the organisation. The orientation session also implicitly defines the quality of communication learners are likely to encounter in that organisation. The materials provided to learners represent an information resource that can be used throughout the placement and the orientation session provides an opportunity to translate <i>words of welcome</i> into <i>welcoming actions</i>.</p> <p>In satisfaction surveys, the concepts of <i>orientation</i> and <i>welcome</i> are often conflated and learner perceptions about their educational experience usually correlate well with their rating of the orientation they received.</p> <p>From the organisation's perspective, orientation represents the first stage of risk management (especially in relation to OH&S) with respect to learners.</p>
Numerator	<p>There are two components to this indicator:</p> <ol style="list-style-type: none"> (1) The existence of orientation materials and activities relevant to each cohort of learners undertaking clinical education at the organisation; and (2) The proportion of learners that rate the orientation materials and activities favourably. <p>Accordingly, two different numerators are required:</p> <ol style="list-style-type: none"> (1) The number of learner groups (i.e. discipline and learner level) for which relevant orientation materials and activities exist (2) The number of learners that rate the orientation materials and activities favourably (i.e. <i>satisfied</i> or <i>very satisfied</i> on a 5-point Likert scale)
Denominator	<p>The corresponding denominators for the two components of this indicator are:</p> <ol style="list-style-type: none"> (1) The total number of learner groups undertaking clinical education at the organisation (2) The total number of learners that responded to the question
Benchmark(s)	<p>For the first component of the indicator, the benchmark will be 100%, since the objective is for every cohort of learners to be provided with a relevant and appropriate orientation at the commencement of every placement they undertake.</p> <p>For the second component of the indicator, the suggested benchmark is 70% of learners indicating they were <i>satisfied</i> or <i>very satisfied</i> with the orientation overall.</p>
Specific data collection tools required	<ul style="list-style-type: none"> Spreadsheet (register) of learner cohorts. Learner survey including relevant question(s). Staff survey including relevant question(s), to obtain responses from early graduate learners and vocational/postgraduate learners. A spreadsheet to record numbers of learners at each learner level in

	<p>each discipline that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet.</p> <ul style="list-style-type: none"> ▪ If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories (see disaggregation section below).
Information required to support indicator measurement	<p>For the purposes of this indicator:</p> <p><i>Learner groups</i> – defined as one or more learners in a particular course or program who commence their education/training activities on the same day. Learners from two different education provider institutions that commence on the same day would count as two learner groups.</p> <p><i>Relevant orientation materials and activities</i> – include information that may be specific to a particular learner group, such as information about dates and times, activities that will be undertaken, assessment, learning objectives, staff contacts or other arrangements that might vary from group to group. “Relevant” materials and activities may be generic versions that are appropriately tailored for individual groups.</p> <p>For the first component of the indicator, the spreadsheet should include the following fields:</p> <ul style="list-style-type: none"> ▪ Course or program name. ▪ Health professional discipline. ▪ Education or training provider (if relevant). ▪ Learner level (and year level, if appropriate). ▪ Whether generic orientation materials are provided to the learners. ▪ Whether specific orientation materials (i.e. specific to a particular education/training provider) are provided to the learners. ▪ Whether a formal orientation session is conducted. <p>Using a register (such as the register provided in the BPCLEtool Indicator Data Collector workbook) to record this information is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p> <p>For the second component of the indicator, staff and learner surveys will need to include the following question at a minimum:</p> <ul style="list-style-type: none"> • <i>Overall, how satisfied were you with the orientation you received to this organisation?</i> [responses on a 5-point Likert scale: <i>very dissatisfied – dissatisfied – neither satisfied nor dissatisfied – satisfied – very satisfied</i>] <p>Organisations may choose to include other questions in the survey to gain a more detailed understanding of factors that contributed to the rating given. Examples include:</p> <ul style="list-style-type: none"> ▪ Whether the learner was satisfied with the time allocated for orientation. ▪ Whether the learner was satisfied with the information provided during orientation sessions. <p>Surveys should collect sufficient demographic information to allow data to be disaggregated by discipline and learner level (i.e. professional entry, early graduate or vocational/postgraduate), as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the following information for each learner level:</p> <ul style="list-style-type: none"> ▪ The total number of learner groups that commenced at the organisation over the course of the year. ▪ The number of those learner groups that had access to relevant orientation resources. ▪ The total number of learners that answered the question: <i>Overall, how satisfied were you with the orientation you received to this health service?</i> ▪ The number of learners that answered <i>satisfied</i> or <i>very satisfied</i> to the

	<p>question.</p> <p>Organisations only have to report data for learner levels for which they have collected data.</p> <p>BPCLEtool will automatically calculate the proportion of learner groups that had access to relevant orientation resources, as well as the proportion of learners that rated the orientation materials and activities favourably.</p>
Disaggregation	BPCLEtool will report on data disaggregated by discipline and learner level.
Issues/comments	<p>It is acknowledged that very short placements represent a particular challenge for organisations in terms of the development of suitable orientation materials and conduct of orientation activities. Nevertheless, once an organisation has identified the information learners need by way of orientation to facilitate their educational activities, it should be possible to adapt the materials and activities for placement blocks of any length.</p> <p>Similarly, it may be necessary to adapt the orientation materials and activities to the needs of early graduate and vocational/postgraduate learners. These learners may have received orientation to the organisation as part of an employment induction and therefore some generic elements of orientation may not be required.</p> <p>It is recommended that learners be asked their views about the orientation materials at the end of their program or placement, since they will be in a better position to judge whether the orientation was adequate and appropriate once they have undertaken the program.</p> <p>Even once an organisation achieves a high satisfaction rating of its orientation materials and activities, this indicator should continue to be monitored on an annual basis. Out-of-date content can easily be overlooked when updating the materials from one year to the next and orientation programs rated highly one year can quickly fall in quality if not continually monitored.</p> <p>Finally, this indicator does not apply to continuing professional development (CPD) learners because as employees, they will have already been orientated to their organisation before the commencement of any CPD learning.</p>
Related indicators	<p>20 - Learner satisfaction with respect to the welcome they receive</p> <p>46 - The existence of KPIs that allow the partners to evaluate key aspects of the relationship</p>
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	<p>Directly actionable.</p> <p>If the first component of the indicator returns a result less than 100%, this can readily be rectified by adaptation of existing orientation resources to fill the gaps.</p> <p>For the second component of the indicator, the disaggregation by learner level and discipline should assist in identifying the areas requiring specific attention. Depending on the feedback obtained through surveys, improvements might be mediated through:</p> <ul style="list-style-type: none"> ▪ Amending orientation materials and/or activities ▪ Improving access to the materials (especially for online resources) ▪ Staff training

Indicator number	20
Indicator	Learner satisfaction with respect to the welcome they receive
Category	Category I
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	The environment is welcoming
Indicator type	Outcome
Relevant output(s)	<ul style="list-style-type: none"> ▪ A structured welcome ▪ Positive staff attitudes towards learners ▪ Staff are prepared ▪ Facilities and amenities for learners

Relevant learner levels	<p>This indicator applies to three learner levels (see <i>Definitions</i> on p.4), namely:</p> <ul style="list-style-type: none"> Professional entry learners Early graduate learners Vocational/postgraduate learners
Indicator rationale	<p>There is evidence of an important relationship between the extent to which learners experience <i>belongingness</i> and their capacity and motivation to learn when undertaking clinical placements. The feeling of belongingness – or connectedness – is related to many factors, including whether the learner feels welcomed, valued or accepted. If a learner feels welcomed, their levels of self-esteem are likely to be higher; they will experience less stress and anxiety and will have an overall increase in general well-being and happiness. As a consequence, they are more likely to perceive the clinical learning experience positively. Therefore, an indicator that measures the quality of the welcome as perceived by the learners is a broad proxy measure for a positive learning environment.</p>
Numerator	<p>The number of positive responses (i.e. <i>satisfied</i> or <i>very satisfied</i> on a 5-point scale) to the question <i>Overall, how satisfied were you with the welcome you received at this organisation?</i></p>
Denominator	<p>The total number of learners that responded to the question</p>
Benchmark(s)	<p>The suggested benchmark is 70% of learners indicating they were <i>satisfied</i> or <i>very satisfied</i> overall with the welcome they received.</p>
Specific data collection tools required	<ul style="list-style-type: none"> Learner survey including relevant question(s). Staff survey including relevant question(s), to obtain responses from early graduate learners and vocational/postgraduate learners. A spreadsheet to record numbers of learners at each learner level in each discipline that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories (see disaggregation section below).
Information required to support indicator measurement	<p>Staff and learner surveys will need to include the following question at a minimum:</p> <ul style="list-style-type: none"> <i>Overall, how satisfied were you with the welcome you received at this organisation?</i> [5-point Likert scale: <i>very dissatisfied</i> – <i>dissatisfied</i> – <i>neither satisfied nor dissatisfied</i> – <i>satisfied</i> – <i>very satisfied</i>] <p>An explanation of what is covered under the term <i>welcome</i> should be provided as a brief preamble to the question, to ensure all survey respondents are addressing the same aspects of the placement in rating their response.</p> <p>Organisations may choose to include other questions in the survey to gain a more detailed understanding of factors that contributed to the rating given. Examples include:</p> <ul style="list-style-type: none"> Whether the learner was satisfied with the attitude of other staff towards them. Whether the learner was satisfied with the welcome provided by their clinical supervisor. <p>Surveys should collect sufficient demographic information to allow data to be disaggregated by discipline and learner level (i.e. professional entry, early graduate or vocational/postgraduate), as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of learners at each learner level category that nominated each response on the Likert scale. Organisations only have to report data for learner levels for which they have collected data.</p> <p>BPCLEtool will automatically calculate the total number of respondents for each discipline and learner level for the reporting period and calculate the</p>

	proportion of the total that answered <i>satisfied</i> or <i>very satisfied</i> .
Disaggregation	BPCLEtool will report on data disaggregated by discipline and learner level. Depending on how much demographic information is collected through learner surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by year level, or by cohort or clinical area (for larger health services).
Issues/comments	<p>The concept of <i>welcome</i> encapsulates a number of tangible and intangible factors, including:</p> <ul style="list-style-type: none"> ▪ The actual verbalised (and/or written) welcome that is delivered. ▪ The attitude of staff (at all levels of the organisation) towards learners. ▪ Whether the organisation appears ready and prepared for the learners. ▪ Whether there are organised activities for learners to participate in from the outset. ▪ Whether the learners are included in the full range of work and social activities occurring in the workplace. <p>Although the welcome is the first impression an organisation makes on a new learner, it is also the aspect of the placement likely to leave the most lasting impression. There are two main reasons for this. The first, as discussed above (see <i>Indicator rationale</i>), is that learners who feel welcomed are more likely to view the experience positively and be motivated to learn. The second reason is that the culture and attitudes that underpin a good welcome for learners will similarly drive high quality performance in other aspects of delivering clinical education. Therefore, learners will continue to feel welcomed throughout their placement, not just for the first few hours or days.</p> <p>The interpretation of the result for this indicator may be confounded by several factors:</p> <ul style="list-style-type: none"> ▪ A learner's perception of welcome may be influenced by gender, age, culture or previous experiences. ▪ As learners will be asked their perception of the welcome they received at the completion of their program or placement, they might conflate their rating of the welcome with their overall assessment of the placement. ▪ Other contextual factors, such as time of year, size of cohort, staff turnover and other major activities or developments at the organisation may all influence the rating of learners.
Related indicators	9 - Learners feel they are valued by the organisation 19 - Existence of high quality orientation materials and activities 24 - Proportion of learners included in team meetings and interprofessional activities
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	<p>Directly actionable.</p> <p>Disaggregation of the indicator as suggested above will assist in identifying the areas requiring specific attention, initially on the basis of whether there are differences in particular clinical areas or for particular discipline groups. Depending on the feedback obtained through surveys, improvements might be mediated through:</p> <ul style="list-style-type: none"> ▪ Amending orientation materials and/or activities. ▪ Staff training or counselling. ▪ Provision of additional financial and human resources to allow staff to better plan and prepare for learners, or to better accommodate their presence in the work environment.

Indicator number	21
Indicator	Statements exist within relevant policies in relation to the creation and maintenance of safe environments
Category	Category III (Externally reportable in Victoria)
BPCLE element	Element 3: A positive learning environment

BPCLE sub-objective(s)	The environment is safe
Indicator type	Structural
Relevant output	<ul style="list-style-type: none"> ▪ Appropriately trained staff with respect to all aspects of safety
Relevant learner levels	<p>Not applicable</p> <p>This indicator relates to organisational policies on safety, not specifically to education, and therefore does not apply to particular learner groups.</p>
Indicator rationale	<p>If the senior management of a health service has an appreciation of the breadth of safety issues as they apply to clinical education – which includes emotional, cultural and professional safety, as well as physical safety – they will ensure staff of the organisation are properly informed and adequately resourced to implement appropriate safety measures. The most transparent and consistent way of informing staff about safety issues is through policies, protocols and other corporate documents, which draw upon relevant safety standards. This indicator is therefore both a <i>de facto</i> measure of the commitment of senior management to creating and maintaining a safe environment, as well as measuring the existence of necessary corporate infrastructure to ensure staff are well-informed about their safety obligations to learners.</p>
Numerator	This indicator requires either a “yes” or “no” response for each of the four aspects of safety
Denominator	Not applicable
Benchmark(s)	None suggested
Specific data collection tools required	<ul style="list-style-type: none"> ▪ A spreadsheet listing all the organisation’s policies against the range of possible safety issues relevant to clinical education.
Information required to support indicator measurement	<p>The four aspects of safety addressed by this indicator are:</p> <ul style="list-style-type: none"> ▪ Emotional safety – derives primarily from an individual’s experience of feeling accepted and appreciated, recognised and respected. ▪ Cultural safety – where there is no assault, challenge or denial of a person’s identity, including who they are and what they need. ▪ Professional safety – where professional responsibilities and scope of practice are respected and adhered to. ▪ Physical safety – where individuals are protected from physical risks and hazards. <p>The spreadsheet should include two fields for each safety issue, namely:</p> <ol style="list-style-type: none"> (1) Whether the particular safety issue is relevant to the particular policy document; and (2) Where the safety issue is considered relevant, whether the policy document contains appropriate statements pertaining to that issue. <p>The date of last review/revision and date of next review/revision of each policy document should also be recorded.</p> <p>Policy documents at all levels within the organisation should be included in the spreadsheet.</p> <p>Using a register (such as the register provided in the BPCLEtool Indicator Data Collector workbook) to record this information is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p>
BPCLEtool data entry	<p>For each of the four aspects of safety – physical, cultural, emotional and professional – answer “yes” or “no” to the question of whether the aspect is addressed in the organisation’s safety policy documentation.</p> <p>If the organisation has more than one relevant safety-related policy, answer “yes” only if all safety-related policy documents address that aspect of safety.</p>
Disaggregation	BPCLEtool reports whether or not all four aspects of safety are addressed in all relevant safety-related policies.
Issues/comments	<p>There is no definitive list of policies that should include reference to safety issues relevant to clinical education. Indeed, different organisations will deal with safety issues in a manner most appropriate to their circumstances.</p> <p>The existence of statements regarding safety within relevant policies is</p>

	<p>necessary but not sufficient for a safe environment. A major issue is whether staff are aware of the relevant safety provisions and are properly trained and equipped to enact them; however, this is a very difficult process input to measure directly.</p> <p>Therefore, this indicator can only be interpreted meaningfully in light of what is reported for Indicator #23 – <i>Learner perceptions about their feeling of safety and wellbeing</i>. That is, if learners do not report feeling safe, this indicator will reveal whether a lack of appropriate policy in respect of safety is a contributing factor. If adequate and appropriate policies exist, then it might reasonably be concluded there is a problem with staff awareness of the policies or with their ability to enact them.</p>
Related indicators	<p>2 - Education-related issues are explicitly addressed in the mission, vision and strategic documents (or equivalent) of the organisation</p> <p>14 - There is a schedule for review and updating of policies and procedures relevant to best practice clinical practice</p> <p>22 - The existence of protocols for dealing with struggling learners requiring assistance</p> <p>23 - Learner perceptions about their feeling of safety and wellbeing</p>
Other potential uses of this indicator	The auditing of organisational documentation with respect to safety as it applies to clinical education and training represents a sub-set of audits that must be conducted for OH&S compliance more broadly. Therefore, this indicator may contribute to OH&S reporting for the health service.
Actions to improve the indicator result	<p>Directly actionable.</p> <p>If the audit of the organisation's policies reveals gaps in relation to safety issues, these should be attended to immediately. In the simplest case, this may only require drafting of statements reflecting existing policy for inclusion in the relevant documents. If relevant policy does not exist, this will need to be addressed through the organisation's policy development mechanisms.</p> <p>Gaps in relation to safety issues may also be revealed through incident reports and therefore these reports should be audited regularly with a view to cross-checking for relevant policy coverage.</p>

Indicator number	22
Indicator	The existence of protocols for dealing with struggling learners requiring assistance
Category	Category I
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	The environment is safe
Indicator type	Structural
Relevant output	<ul style="list-style-type: none"> Register of learners requiring assistance and record of remedial actions taken
Relevant learner levels	This indicator relates to policies that are relevant to any learner in a formal education/training program, including professional entry learners, early graduate learners and vocational/postgraduate learners (see <i>Definitions</i> on p.4).
Indicator rationale	A learner that is having difficulty understanding or applying knowledge, skills or attitudes is of particular concern in a clinical setting, mainly from the perspective of patient/client safety. This applies to learners who are struggling physically and psychologically, as well as educationally. An organisation that has developed (or adopted) protocols that facilitate the early identification of struggling learners and guide appropriate remedial action is demonstrating a proactive approach to safeguarding patients, learners and staff.
Numerator	This indicator requires either a "yes" or "no" response
Denominator	Not applicable
Benchmark(s)	None suggested
Specific data collection tools required	<ul style="list-style-type: none"> A register (spreadsheet) of organisational policies and protocols.

Information required to support indicator measurement	<p>For each policy/protocol, the following information should be recorded:</p> <ul style="list-style-type: none"> ▪ Document title and version number. ▪ Purpose (i.e. what the policy/protocol is to be used for; which learners it is applicable to, etc). ▪ Source (i.e. who developed the policy/protocol). ▪ Format (e.g. hard copy <i>versus</i> electronic). ▪ Date of last review/revision. ▪ Date of next review/revision. ▪ Accessibility (i.e. where the policy/protocol can be found). <p>Using a register (such as the register provided in the BPCLEtool Indicator Data Collector workbook) to record this information is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p>
BPCLEtool data entry	Answer "yes" or "no" to the question: "Does the organisation's policy and protocol documentation include protocols for dealing with struggling learners who require assistance?"
Disaggregation	BPCLEtool does not disaggregate the result.
Issues/comments	<p>The existence of policies and protocols relating to struggling learners requiring assistance is necessary but not sufficient for creating and maintaining a safe environment. A major issue is whether staff are aware of the protocols and sufficiently experienced to identify struggling learners and either assist them or direct them to others for assistance.</p> <p>Furthermore, struggling learners are an added impost for clinical education staff and may slip through the cracks if the extra resources required for dealing with such learners are not available.</p> <p>It should also be noted that protocols for dealing with struggling learners need to reflect adequate input from the education provider partner(s) and may include actions or activities that have to be undertaken by the education provider.</p> <p>Consideration could also be given to including protocols for dealing with struggling learners as part of relationship agreements between health services and education providers.</p>
Related indicators	<p>14 - There is a schedule for review and updating of policies and procedures relevant to best practice clinical practice</p> <p>21 - Statements exist within relevant policies in relation to the creation and maintenance of safe environments</p> <p>24 - Proportion of learners included in inter-professional activities</p> <p>25 - Relationship agreements include protocols for exchange of information on educational objectives, assessment and knowledge and proficiency level of learners</p> <p>35 - Existence of tools to assess learner needs</p> <p>48 - Existence of feedback mechanisms and measures</p>
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	<p>Directly actionable.</p> <p>If relevant policy or protocols do not exist, this will need to be addressed through the organisation's policy/protocol development mechanisms, in consultation with the education provider partner(s).</p>

Indicator number	23
Indicator	Learner perceptions about their feeling of safety and wellbeing
Category	Category I (Externally reportable in Victoria)
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	The environment is safe
Indicator type	Outcome
Relevant output	None
Relevant learner levels	This indicator applies to three learner levels (see <i>Definitions</i> on p.4),

	<p>namely:</p> <ul style="list-style-type: none"> Professional entry learners Early graduate learners Vocational/postgraduate learners
Indicator rationale	The ultimate measure of the efficacy of policies and protocols is whether they achieve the intended outcomes, which in this case is that learners feel safe and have a sense of wellbeing while undertaking their placement.
Numerator	<p>There are three components to this indicator:</p> <ol style="list-style-type: none"> (1) Learner perceptions of their safety. (2) Learner perceptions of their own wellbeing. (3) Learner experience/awareness of bullying. <p>Accordingly, three different numerators are required:</p> <ol style="list-style-type: none"> (1) The number of learners that rate their feeling of safety favourably (i.e. <i>agree</i> or <i>strongly agree</i> on a 5-point Likert scale) (2) The number of learners that rate their sense of personal wellbeing favourably (i.e. <i>agree</i> or <i>strongly agree</i> on a 5-point Likert scale) (3) The number of learners that indicate they have not personally experienced bullying or witnessed bullying of others
Denominator	<p>The same denominator should be applied for all components of this indicator, namely:</p> <ul style="list-style-type: none"> The total number of learners that responded to each question, respectively
Benchmark(s)	<p>For the first component of the indicator, the benchmark should be 100%, since every learner should feel safe.</p> <p>For the second component of the indicator, the suggested benchmark is 85% of learners indicating they <i>agree</i> or <i>strongly agree</i> with a statement about having a sense of wellbeing while on placement. The lower benchmark suggested for this component reflects the reality that a proportion of learners could be expected to report a reduced sense of wellbeing for reasons beyond the control of the organisation (such as being separated from family, or having difficulty managing work and study, etc).</p> <p>For the third component of the indicator, the benchmark should be 100%, since no learner should experience or witness bullying in the workplace.</p>
Specific data collection tools required	<ul style="list-style-type: none"> Learner survey including relevant statements. Staff survey including relevant question(s), to obtain responses from early graduate learners and vocational/postgraduate learners. A spreadsheet to record numbers of learners at each learner level in each discipline that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories (see disaggregation section below).
Information required to support indicator measurement	<p>At a minimum, relevant surveys will need to include three statements:</p> <ol style="list-style-type: none"> (1) <i>I felt safe at this organisation.</i> (2) <i>I had an overall sense of wellbeing while in this organisation.</i> (3) <i>I personally experienced bullying or witnessed bullying of others in this organisation.</i> <p>For the first two statements, a 5-point Likert scale is recommended for the answer (<i>strongly disagree</i> – <i>disagree</i> – <i>neither agree nor disagree</i> – <i>agree</i> – <i>strongly agree</i>). A yes/no response is recommended for the third statement.</p> <p>Other questions can also be included in the learner survey, to gain a more detailed understanding of how the learners rated the experience overall. Examples of questions relating to the various aspects of safety include:</p> <ul style="list-style-type: none"> Whether the atmosphere was relaxed and motivating, as opposed to tense and intimidating.

	<ul style="list-style-type: none"> Whether staff behaved professionally and appropriately. Whether there were instances of racism, sexism, ageism, etc. Whether learners felt they were adequately supervised, or if they were left to do tasks beyond their skills, competence and knowledge. Whether learners felt they were supported academically, professionally and socially. <p>To elicit more detail from learners about their sense of personal wellbeing, it may be necessary to provide an open text response and allow learners to list the factors that contributed to their rating. This additional question is only likely to add value in those instances where the learner has rated their sense of personal wellbeing unfavourably (a response of <i>disagree</i> or <i>strongly disagree</i> to question (2)).</p> <p>Surveys should collect sufficient demographic information to allow data to be disaggregated by discipline and learner level (i.e. professional entry, early graduate or vocational/postgraduate), as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of learners at each learner level that nominated each response for each statement. Organisations only have to report data for learner levels for which they have collected data.</p> <p>BPCLEtool will automatically calculate the total number of respondents for each discipline and learner level for the reporting period and calculate the proportion of the total that answered <i>agree</i> or <i>strongly agree</i> for statements (1) and (2) or <i>No</i> for statement (3).</p>
Disaggregation	<p>BPCLEtool will report on data disaggregated by discipline and learner level. Depending on how much demographic information is collected through learner surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by year level, or by cohort or clinical area (for larger health services).</p>
Issues/comments	<p>As noted in the discussion about benchmarking, there are circumstances in which a learner might report their sense of wellbeing unfavourably for reasons beyond the control of the health service. Therefore, to interpret this indicator in a way that allows the organisation to respond appropriately as required, it is recommended that learners who rate their sense of personal wellbeing unfavourably be asked to nominate the factors that contributed to this rating.</p> <p>For early graduate and vocational/postgraduate learners, it may be difficult for them to quarantine their experiences as a learner from their broader experiences as a member of staff.</p>
Related indicators	<p>21 - Statements exist within relevant policies in relation to the creation and maintenance of safe environments</p> <p>22 - The existence of protocols for dealing with struggling learners requiring assistance</p>
Other potential uses of this indicator	<p>This indicator may contribute to OH&S reporting for the organisation, particularly if more detailed data is collected in learner and staff surveys about the various aspects of safety.</p>
Actions to improve the indicator result	<p>Actionable.</p> <p>If learners report unfavourably on their perception of safety or their experience of bullying, this should trigger an immediate audit of relevant safety policies (to ensure they are adequate) and OH&S training for staff. At the very least, staff may need a reminder about safety policies and protocols, but more extensive refresher training may be needed. A poor result for this indicator might also warrant review of induction training for new staff.</p> <p>If learners report unfavourably on their sense of wellbeing, the response of the organisation will depend on the factors contributing to the result. In many instances, reporting back to the education provider may be warranted, particularly if the issues relate to academic support or arrangements that are within the purview of the education provider.</p>

Indicator number	24
Indicator	Proportion of learners included in interprofessional activities
Category	Category III
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	Appropriate learning opportunities are provided
Indicator type	Process
Relevant output	<ul style="list-style-type: none"> ▪ Purposeful learner participation in clinical and non-clinical activities ▪ A record of learning activities undertaken (mapped against learning objectives)
Relevant learner levels	This indicator applies to learners at professional entry level (see <i>Definitions</i> on p.4).
Indicator rationale	<p>Aside from clinical activities directly and specifically related to their disciplinary training, learners benefit from participating in activities that demonstrate multi-professional team work and those that reveal the full spectrum of work-related tasks of a health professional (including non-clinical activities).</p> <p>The inclusion of learners in inter/multi-professional activities contributes to their understanding of their own role – and the role of other health professionals – in a health care setting. While the real world experience is essential for all learners, some experiences (including multi-professional experiences) can be gained to some extent in simulated learning environments. On the other hand, experience of non-clinical roles and activities may be more difficult to accurately simulate. Importantly, learners often associate their inclusion in non-clinical activities while on placement with whether they are welcomed, valued and accepted by staff. Interprofessional activities, both clinical and non-clinical, contribute to the development of work-ready graduates and form part of what is sometimes referred to as the <i>informal curriculum</i>.</p> <p>Therefore, this indicator assesses whether learners have learning opportunities in domains that form part of the informal curriculum.</p>
Numerator	The number of learners that rate their participation in interprofessional activities as <i>regularly</i> or <i>sometimes</i> on a 5-point Likert scale
Denominator	The total number of learners that responded to the question
Benchmark(s)	<p>This indicator is not recommended for benchmarking. In particular, it is not likely that meaningful standards of performance can be set for the number of interprofessional activities that learners should participate in, or indeed, whether they participate in these activities at all during the course of their placement.</p> <p>However, if the level of learner participation in these activities has been codified in the relationship agreement with the education provider partner(s), it will be possible for individual organisations to report whether they are meeting these expectations. In this case, the benchmark will be whatever has been agreed between the partners.</p>
Specific data collection tools required	<ul style="list-style-type: none"> ▪ Learner survey including relevant questions(s). ▪ A spreadsheet to record numbers of learners in each discipline that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. ▪ If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories (see disaggregation section below).
Information required to support indicator measurement	<p>For the purposes of this indicator:</p> <p><i>Interprofessional activities</i> are defined as those activities involving two or more health professional disciplines, usually involving consideration of clinical cases, but potentially including non-clinical activities as well. The activities may include (but are not limited to) case conferences, patient/client consultations, case presentations or debriefs, grand rounds, tutorials, seminars, or simulated activities.</p>

	<p>Learner surveys will need to include the following question at a minimum:</p> <ul style="list-style-type: none"> ▪ <i>How often were you included in any type of interprofessional activity in the course of your placement?</i> [responses on a 5-point Likert scale: <i>regularly – sometimes – infrequently – rarely – never</i>] <p>Examples of interprofessional activities routinely conducted in the organisation should be provided as a brief preamble to the question, to provide a consistent point of reference for learners in their response.</p> <p>Learner surveys should collect sufficient demographic information to allow data to be disaggregated by discipline, as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of learners that nominated each response on the Likert scale.</p> <p>BPCLEtool will automatically calculate the total number of respondents for each discipline and calculate the proportion of the total that answered <i>regularly</i> or <i>sometimes</i>.</p>
Disaggregation	<p>BPCLEtool will report on data disaggregated by discipline.</p> <p>Depending on how much demographic information is collected through learner surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by year level, or by cohort or clinical area (for larger health services).</p>
Issues/comments	<p>Some health professional settings do not lend themselves to interprofessional activities and therefore this indicator will not be relevant in those cases. For example, small clinics (particularly those offering one type of professional service) may not present many opportunities for interprofessional interactions.</p> <p>Even in larger organisations that employ practitioners from a range of health professions, the inclusion of learners in interprofessional activities may be complicated by timetable clashes and scheduling conflicts between the various learning opportunities in the clinical environment. Similarly, exposure to interprofessional activities will depend on the patient/client case mix at the time. Therefore, it may not be realistic to expect learners will attend these activities regularly during their placement.</p> <p>It is reasonable to assume that the more learners can be included in these types of activities, the better prepared they will be for their professional duties. However, interprofessional activities are no different to other types of clinical experience in that exposure to the experience may be desirable but cannot reasonably be mandated at all sites.</p>
Related indicators	<p>9 - Learners feel they are valued by the organisation</p> <p>29 - Learner satisfaction about their access to clinical educators</p> <p>35 - Existence of tools to assess learner needs</p> <p>36 - Proportion of post-registration learners who have explicit learning objectives</p> <p>37 - Satisfaction of learners who are not working under a structured program about their access to learning opportunities and resources</p>
Other potential uses of this indicator	<p>Monitoring the level of inclusion of learners in interprofessional activities provides useful profiling information about the health service. This information can be used to inform education providers about the likely exposure learners may get to these aspects of the informal curriculum while they are on placement.</p>
Actions to improve the indicator result	<p>Not directly actionable.</p> <p>If the level of learner participation in interprofessional activities is low, the actions taken will depend on the reasons underpinning the result. Indeed, no action may be possible if the main reason for low levels of participation is either the infrequency (or lack) of these activities or unavoidable clashes with other learning opportunities.</p> <p>However, if the major reason for low levels of participation is lack of planning, or staff attitudes regarding inclusion of learners in these activities, or lack of awareness of the value of these activities as learning opportunities, then the organisation might choose to:</p> <ul style="list-style-type: none"> ▪ Factor in the presence of learners when scheduling interprofessional activities.

	<ul style="list-style-type: none"> Work with staff to identify and address the source of their concerns about including learners in these activities. Educate staff about the educational value of all workplace activities. <p>Note there are several potential target audiences for this indicator. BPCLEtool has primarily been set up to facilitate annual reporting of the overall result within the organisation, but the reporting frequency may vary for each audience.</p> <ul style="list-style-type: none"> For reporting within the health service, this indicator is recommended for reporting annually using BPCLEtool. For feedback to the education provider about the nature of activities undertaken by learners, it may be necessary to report on every placement or cohort of learners, depending on what is stipulated in the relationship agreement (or schedules within the agreement). For planning purposes in a clinical area, it may be necessary to report quarterly or biannually so that forward planning of learner numbers and staffing profiles can be undertaken.
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Indicator number	25
Indicator	Relationship agreements include protocols for exchange of information on educational objectives, assessment and knowledge and proficiency level of learners
Category	Category III
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	There is clarity about learning objectives
Indicator type	Process
Relevant output	<ul style="list-style-type: none"> Accessible documentation relating to learning objectives and assessment
Relevant learner levels	This indicator applies to relationship agreements that cover learners at professional entry level and potentially early graduate and vocational/postgraduate level (see <i>Definitions</i> on p.4).
Indicator rationale	<p>A common complaint from organisations is that the delivery of clinical education is made more difficult and onerous owing to a lack of information provided by the education provider. Learners also feel the impact of discrepancies between the information they receive from the education provider and the health service. Such discrepancies result in confusion (particularly for the learners) and can lead to learners not achieving their educational objectives while on placement.</p> <p><i>Ad hoc</i> information exchange processes and informal understandings based on personal relationships are fairly common, particularly in long-standing relationships between organisations. While these arrangements can be very successful, they are not readily transferable and are ultimately unsustainable. For the system to achieve clarity, transparency and accountability, issues relating to information exchange between the partners need to be codified in the relationship agreement (or schedules contained therein), once the partners have reached agreement on what information is to be exchanged and the protocols for mediating that exchange. By formalising the arrangements in the relationship agreement, there will be both a driver for communication and an accountability mechanism for both partners.</p>
Numerator	The number of relationship agreements that include reference to partnership-specific protocols for exchange of information on educational objectives, assessment and knowledge and proficiency level of learners
Denominator	The total number of relationship agreements held by the organisation
Benchmark(s)	The suggested benchmark is 100%, since the objective is for every placement partnership to be covered by a relationship agreement that codifies a number of issues, including exchange of information.
Specific data collection tools required	<ul style="list-style-type: none"> Register of clinical placement relationships.
Information required to support indicator	Each relationship should be recorded in the register, with separate sub-records for each discipline and year level as appropriate. The register

measurement	<p>should include fields indicating:</p> <ul style="list-style-type: none"> ▪ The disciplines covered by the arrangement. ▪ Whether the arrangement is covered by a formal agreement. ▪ When the arrangement/agreement was last negotiated. ▪ When the arrangement/agreement is next due for re-negotiation. ▪ A checklist of items that may or may not be included in the agreement. <p>Using a register (such as the register provided in the BPCLEtool Indicator Data Collector workbook) to record this information is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the following information:</p> <ul style="list-style-type: none"> ▪ The number of placement partnerships that exist. ▪ The number of placement partnerships that are covered by a relationship agreement. ▪ The number of those relationship agreements that include protocols for exchange of information on educational objectives, assessment and knowledge and proficiency level of learners. <p>BPCLEtool will automatically calculate the proportion of placement partnerships covered by relationship agreements that include protocols for exchange of information on educational objectives, assessment and knowledge and proficiency level of learners.</p>
Disaggregation	BPCLEtool will report on data disaggregated by discipline.
Issues/comments	<p>It should be noted that the Victorian Department of Health and Human Services (DHHS) has developed a Standardised Student Induction Protocol (SSIP), which specifies a protocol for exchange of information about learning objectives and assessment as a pre-placement requirement. The DHHS Student Placement Agreement (SPA) template references the SSIP and addresses the key elements of relationship agreements, which partners can adapt or supplement through Schedules to the agreement.</p> <p>Organisations that have adopted the SSIP and SPA for all relationships will most likely not find this indicator particularly useful, since all their clinical education partnerships will be covered by formal agreements that address all relevant aspects of the relationship. On the other hand, organisations that are not using the SSIP/SPA for some or all of their partnerships will find this indicator useful in tracking their progress to more formalised arrangements.</p>
Related indicators	<p>22 - The existence of protocols for dealing with struggling learners requiring assistance</p> <p>26 - Proportion of learners for whom the health service has received timely information about their knowledge and proficiency level</p> <p>39 - Level of health service satisfaction about its relationships with education providers</p> <p>40 - Level of education provider satisfaction about its relationships with health services</p> <p>41 - Learner perceptions about the relationship between their education provider and the health service</p> <p>44 - Existence of an up-to-date point of contact within the health service and within the education provider</p> <p>46 - The existence of KPIs that allow the partners to evaluate key aspects of the relationship</p> <p>47 - Stakeholder perceptions of communication practices and outcomes</p>
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	<p>Directly actionable.</p> <p>There are two key components to addressing this indicator. Firstly, the negotiation of a formal relationship agreement should be standard operating procedure for all placement partnerships entered into by the organisation. Secondly, all aspects of the partnership relevant to the</p>

	conduct of clinical education and training should be covered in the agreement. Therefore, if an organisation is not meeting the benchmark, whichever of these preconditions is not being met should be rectified.
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Indicator number	26
Indicator	Proportion of learners for whom the health service has received timely information about their knowledge and proficiency level
Category	Category IV
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	There is clarity about learning objectives
Indicator type	Structural
Relevant output	<ul style="list-style-type: none"> Documentation in respect of each learner or learner cohort, noting their knowledge and proficiency level upon commencement of placement
Relevant learner levels	This indicator applies to learners at professional entry level (see <i>Definitions</i> on p.4).
Indicator rationale	The existence of protocols for information exchange between the health service and its education provider partners (as measured by Indicator 25) is <i>necessary but not sufficient</i> to ensure that clinical educators have clarity about what is expected of them. If the protocols are not used effectively or if other factors are impacting on the transfer of information between the partners, the net effect will be same as if the protocols were not in place. In this context, this indicator – which reveals whether one component of the intended information exchange is actually occurring – provides complementary monitoring of the system. Indeed, if the protocols exist (Indicator 25) but the information about learners is not being received by the health service (this indicator), this will demonstrate there are other issues that need to be identified and resolved.
Numerator	The number of learner groups for whom the health service has received timely information about their knowledge and proficiency level
Denominator	The total number of learner groups
Benchmark(s)	The suggested benchmark is 100%. The knowledge and proficiency level of learners is potentially a safety issue for the organisation.
Specific data collection tools required	<ul style="list-style-type: none"> A file (hard copy or electronic) in which correspondence from the education provider about individual learners or learner groups is archived. Register of learners/learner groups that includes fields for recording relevant information.
Information required to support indicator measurement	<p>For the purposes of this indicator:</p> <p><i>Learner groups</i> – defined as one or more learners from a single education provider institution who commence their placement on the same day. Learners from two different education provider institutions that commence their placement on the same day would count as two learner groups.</p> <p><i>Proficiency level</i> – refers to the level of ability or experience learners have with respect to the range of skills needed to work safely and effectively in a clinical environment, including clinical skills and communication and language skills.</p> <p><i>Timely</i> – information provided in the timeframe agreed between the partners, most likely several days prior to the commencement of the placement, to allow the organisation time to make appropriate adjustments to supervision arrangements where required.</p> <p>A register for recording information about learners/learner groups should include fields for the following data:</p> <ul style="list-style-type: none"> Discipline and year level. Date of arrival. Length of placement (number of placement hours/days/weeks). Information about supervisors/preceptors/tutors. Checklist of information received from the education provider about the learners (including information about knowledge and proficiency

	<p>level).</p> <ul style="list-style-type: none"> Whether the information was received in the agreed timeframe. <p>As well as general information about how a learner cohort overall compares to mutually understood standards, where appropriate, the education provider should provide specific information about individual learners that are significantly above or below the average in terms of their knowledge, understanding, skills and proficiency level. Any learners with particular learning needs or restricted abilities (e.g. in terms of physical disabilities, communication skills, etc.) should be identified, particularly where these issues might impact on their ability to contribute to a safe clinical service delivery environment.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the following information:</p> <ul style="list-style-type: none"> The total number of learner groups that undertook a placement at the organisation over the course of the year; and The number of those learner groups for which timely information about their knowledge and proficiency level was received by the organisation. <p>BPCLEtool will automatically calculate the proportion of learner groups for whom timely information was received.</p>
Disaggregation	BPCLEtool will report on data disaggregated by discipline.
Issues/comments	<p>The timely receipt of information about the knowledge and proficiency level of learners is important to the organisation in ensuring the safety of its patients/clients with whom the learners will be interacting. However, there are also issues of privacy and confidentiality that impact on what information education providers are able to provide about individual learners, as well as practical considerations about the timeframes in which information can be supplied.</p> <p>Therefore, the starting point for monitoring this indicator should be the arrangements that have been codified in the relationship agreement between the partners. That is, for each partnership, the partners should reach an agreement on the nature and extent of the information about learners that is needed by the health service and which can reasonably be provided by the education provider, as well as the timeframe in which the information needs to be received by the health service. In this context, "timely" refers to what has been agreed between the partners – as opposed to an arbitrary deadline – and may vary from one partnership to another.</p>
Related indicators	<p>21 - Statements exist within relevant policies in relation to the creation and maintenance of safe environments</p> <p>22 - The existence of protocols for dealing with struggling learners requiring assistance</p> <p>25 - Relationship agreement includes protocols for exchange of information on educational objectives, assessment and knowledge and proficiency level of learners</p> <p>35 - Existence of tools to assess learner needs</p> <p>44 - Existence of an up-to-date point of contact within the health service and within the education provider</p> <p>46 - The existence of KPIs that allow the partners to evaluate key aspects of the relationship</p> <p>47 - Stakeholder perceptions of communication practices and outcomes</p> <p>48 - Existence of feedback mechanisms and measures</p>
Other potential uses of this indicator	This indicator may contribute to quality and safety reporting for the organisation.
Actions to improve the indicator result	<p>Not directly actionable.</p> <p>Interpretation of this indicator should take into account the result reported for Indicator 25 and this will inform any action taken. That is, if the information exchange covered by this indicator is not happening and there are no information exchange protocols in place, the situation will be addressed by developing the required protocols. If the protocols exist but are not being used effectively, in the first instance it will be necessary to work with the relevant education provider(s) to determine the likely cause</p>

	<p>of the problem.</p> <p>Although this indicator will be reported annually within the health service, feedback to the education provider about the lack of this information should be provided in the context of each placement block, so that remedial action can be taken.</p>
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Indicator number	27
Indicator	Proportion of staff currently involved in clinical education activities that have educational training, experience or qualifications
Category	Category I (Externally reportable in Victoria)
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	Clinical education staff are high quality
Indicator type	Structural
Relevant output	<ul style="list-style-type: none"> ▪ A register of staff indicating <ul style="list-style-type: none"> ○ Their training and experience in clinical education; and ○ Their current and previous participation/involvement in clinical education activities
Relevant learner levels	This indicator relates to staff involved in the education and training of any learner level.
Indicator rationale	<p>The major factor contributing to learner satisfaction with their clinical learning experience is the <i>quality of supervision</i>. While education-related training, qualifications and experience are not a guarantee of quality supervision, they are – for most individuals – the best predictor of quality in this domain.</p> <p>Moreover, this indicator reveals information about the organisational culture with respect to education and training. That is, are educational responsibilities taken sufficiently seriously by the health service that it encourages and adequately resources its staff to become properly trained and qualified for this role?</p>
Numerator	The number of staff currently involved in clinical education activities that have educational training, experience or qualifications
Denominator	The number of staff currently involved in clinical education activities
Benchmark(s)	This indicator is not recommended for benchmarking in the first instance, since (a) there is no empirical evidence that a particular level or type of educational training, experience or qualifications is essential for quality supervision, and (b) setting an arbitrary level of training, experience or qualifications as a benchmark would exclude many individuals from contributing to clinical education who are essential to maintaining (and increasing) the current capacity of the system.
Specific data collection tools required	<ul style="list-style-type: none"> ▪ HR system/database (or register of staff involved in clinical education) that includes fields for recording information about category of education-related roles or responsibilities (i.e. clinical educator, primary or secondary), and the educational training, qualifications and experience of the individual.
Information required to support indicator measurement	<p>For the purposes of this indicator, <i>involved in clinical education</i> includes staff in three education role categories (see <i>Definitions</i> on p.4), namely:</p> <ul style="list-style-type: none"> ▪ Clinical educator ▪ Primary involvement ▪ Secondary involvement <p>Where staff perform multiple education roles, corresponding to more than one of the education role categories, they should be included in the count for their main education role category. For example, if a clinician regularly contributes through <i>ad hoc</i> teaching opportunities but only very occasionally is given delegated supervision responsibility, that individual should be counted as having <i>secondary involvement</i> in clinical education.</p> <p>Rather than defining particular courses, qualifications or experience as having greater value than others, it is recommended that personnel records capture all information that could reasonably fall under the three headings of <i>educational training</i>, <i>educational experience</i> or <i>educational</i></p>

	<p><i>qualifications</i>. Therefore, the HR database or register of clinical education staff should include fields that record the following information:</p> <ul style="list-style-type: none"> ▪ Educational qualifications. ▪ Educational training. ▪ Educational experience. ▪ Annual involvement in clinical education and training of learners.
BPCLEtool data entry	<p>For each discipline, report the total number of staff who are involved in clinical education at each of the three levels (<i>clinical educator, primary and secondary</i>), as well as the number of those staff who have educational training, experience or qualifications. Organisations only have to report data for staff categories for which they have collected data.</p> <p>BPCLEtool will automatically calculate the proportion of staff currently involved in clinical education activities that have educational training, experience or qualifications.</p>
Disaggregation	BPCLEtool will report on data disaggregated by discipline and staff category.
Issues/comments	<p>As noted earlier, training, qualifications and experience in clinical education are not a guarantee of quality supervision. Indeed, many excellent clinical educators may have neither formal training nor qualifications, although they are likely to have experience. This will be an important consideration into the future, as the question of benchmarking is revisited, namely, whether it is appropriate to weight any of the three – training, qualifications or experience – more highly than the others and whether mandated minimums in these categories are necessary or even appropriate.</p>
Related indicators	<p>3 - Attitudes to professional development amongst staff involved in clinical education</p> <p>6 - Proportion of relevant staff position descriptions (or performance management plans) with KPIs, or equivalent, relating to education</p> <p>7 - Proportion of staff involved in clinical education that access professional development in education each year</p> <p>8 - Staff feel satisfied that their educational role is valued by the organisation</p> <p>10 - There is a documented strategy for ensuring participation in education-related activities contributes to career progression opportunities for staff</p> <p>43 - Number of health service educators receiving training from the education provider partner to develop their educational skills</p>
Other potential uses of this indicator	The data collected for this indicator can contribute to the overall staff profile of the organisation.
Actions to improve the indicator result	<p>Directly actionable.</p> <p>Notwithstanding the lack of a defined benchmark, if a very low proportion of clinical education staff have educational qualifications, training or experience, the factors contributing to the result should be determined. Depending on the problems identified, this could be addressed by:</p> <ul style="list-style-type: none"> • Encouraging more of its staff involved in clinical education activities to undertake professional development focused on their education activities. • Supporting professional development through provision of study leave and/or time off and/or staff rostering. • Offering professional development activities at times when they can be accessed by staff. • Allocating additional funding to education activities. • Working with relevant education providers to exchange educational expertise for clinical expertise.

Indicator number	28
Indicator	Views of health service staff on the preparedness of learner cohorts
Category	Category III
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	Learners are well prepared
Indicator type	Outcome
Relevant output	<ul style="list-style-type: none"> Documentation recording learner participation in induction, any unprofessional behaviours and lack of adequate preparation
Relevant learner levels	This indicator applies to staff opinions about learners at professional entry level (see <i>Definitions</i> on p.4).
Indicator rationale	<p>Learner preparedness is a key determinant of whether learners are able to achieve their objectives while on placement. Preparedness also includes the professionalism of learners, which will impact on their interactions with staff, other learners and patients/clients.</p> <p>Preparedness (and professionalism) of learners is something that is largely outside of the domain of responsibility of the health service. However, the health service does still have a significant role to play, in particular:</p> <ul style="list-style-type: none"> Providing relevant and up-to-date information to education providers and learners ahead of the placement, to allow the learners to prepare themselves before they commence. Conducting appropriate and timely induction/orientation activities when the learners arrive or when they move into a new domain of the organisation. Serving as appropriate role models for learners, especially in respect of professional behaviour. Providing adequate information throughout the placement to allow the learners to prepare for each activity (since preparation is not something that occurs once at the start of the placement). <p>Therefore, while this indicator will measure an outcome that represents both internal and significant external factors, it will assist the organisation to improve its own inputs to the equation and will provide valuable feedback to education providers and learners.</p>
Numerator	The number of staff involved in clinical education activities who rate learner preparedness favourably (<i>agree</i> or <i>strongly agree</i>)
Denominator	The number of staff involved in clinical education activities that responded to the question
Benchmark(s)	The suggested benchmark is 100% of staff reporting favourably (<i>agree</i> or <i>strongly agree</i>) on the preparedness of learners, since the preparedness of learners is potentially a safety issue for the organisation.
Specific data collection tools required	<ul style="list-style-type: none"> Staff survey including relevant question(s). A spreadsheet to record numbers of staff in each discipline that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories (see disaggregation section below). A spreadsheet log of learners/learner groups
Information required to support indicator measurement	<p>The staff survey will need to include the following statement:</p> <ul style="list-style-type: none"> <i>The professional entry learners were well prepared for their placement</i> [responses on a 5-point Likert scale: <i>strongly disagree</i> – <i>disagree</i> – <i>neither agree nor disagree</i> – <i>agree</i> – <i>strongly agree</i>] <p>Ideally, staff surveys on learner preparedness would be conducted at the conclusion of each placement block, so that responses relate to particular learner cohorts, rather than one survey per year that elicits an overall impression of learner preparedness. If multiple surveys are used, the data recorded for this indicator would be the sum of multiple responses from individual staff members, reflecting their views about individual learner</p>

	cohorts over the course of the reporting period. Staff in any of the four education role categories – <i>clinical educator, primary, secondary</i> and <i>support</i> – may be asked to provide a response to this question (see <i>Definitions</i> on p.4).
BPCLEtool data entry	For each discipline that is monitoring this indicator, enter the total number of staff that nominated each response on the Likert scale. Organisations are not required to disaggregate their data by education role category. BPCLEtool will automatically calculate the total number of respondents for each discipline for the reporting period and calculate the proportion of the total that answered <i>agree</i> or <i>strongly agree</i> .
Disaggregation	BPCLEtool will report on data disaggregated by discipline.
Issues/comments	There are two approaches organisations could use to collecting data for this indicator from staff surveys. The first approach is to include relevant questions in an annual survey, thereby collecting responses once per reporting period as an overall (i.e. “average”) perception of learner preparedness across the course of the year. The second approach is to conduct a brief survey of relevant staff at the conclusion of each placement block, to collect responses specifically in relation to the preparedness of that cohort of learners. The advantage of the second approach is that the survey data could then be aligned against other information recorded for each learner cohort, such as whether all learners attended induction/orientation activities, specific instances of unprofessional behaviour or learners who were clearly unprepared for activities they participated in. Importantly, the second approach provides a more granular and meaningful indicator result that the organisation could specifically respond to, if required.
Related indicators	19 - Existence of high quality orientation materials and activities 20 - Learner satisfaction with respect to the welcome they receive 22 - The existence of protocols for dealing with struggling learners requiring assistance 46 - The existence of KPIs that allow the partners to evaluate key aspects of the relationship
Other potential uses of this indicator	This indicator may contribute to quality and safety reporting for the organisation.
Actions to improve the indicator result	Not directly actionable. Lack of learner preparedness is potentially a serious issue for a health service and the actions taken to address the issue will vary depending on whether the problem is isolated to individual learners, or whether there is a more systemic problem of learners from particular education providers being inadequately prepared. In terms of improving this indicator result, the latter problem is of greater relevance, since individual learners who don't prepare themselves properly will most likely be dealt with on the spot. Where whole cohorts of learners are not being adequately prepared by their education provider, the health service will need to discuss the problem with the education provider and attempt to identify the underlying issues and develop appropriate solutions. Therefore, while reporting against this indicator within the health service can occur annually using BPCLEtool, it may be necessary to provide feedback to the education provider about the preparedness of each cohort of learners, depending on what is stipulated in the relationship agreement (or schedules within the agreement).

Indicator number	29
Indicator	Learner satisfaction about their access to clinical educators
Category	Category II
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	There are appropriate ratios of learners to educators
Indicator type	Outcome

Relevant output	None
Relevant learner levels	<p>This indicator applies to three learner levels (see <i>Definitions</i> on p.4), namely:</p> <ul style="list-style-type: none"> Professional entry learners Early graduate learners Vocational/postgraduate learners
Indicator rationale	<p>Learners consistently rate their access to experienced clinicians as the most important part of their clinical learning experience. This probably reflects the qualitative benefits of experiential learning that cannot be replicated through self-directed learning or didactic sessions.</p> <p>Although this indicator reflects a subjective assessment by learners and therefore cannot be seen as a definitive assessment of the appropriateness of learner-to-educator ratios, learner perceptions about their access to clinicians are likely to impact on their overall satisfaction rating for the placement.</p>
Numerator	The number of learners that rate their access to clinical educators favourably (i.e. <i>satisfied</i> or <i>very satisfied</i> on a 5-point Likert scale)
Denominator	The total number of learners that responded to the question
Benchmark(s)	The suggested benchmark is 70% of learners rating their access to clinical educators favourably.
Specific data collection tools required	<ul style="list-style-type: none"> Learner survey including the relevant question(s). Staff survey including relevant question(s), to obtain responses from early graduate learners and vocational/postgraduate learners. A spreadsheet to record numbers of learners at each learner level in each discipline that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories (see disaggregation section below).
Information required to support indicator measurement	<p>Surveys will need to include the following question:</p> <ul style="list-style-type: none"> <i>Overall, how satisfied were you with your access to clinical educators?</i> [responses on a 5-point Likert scale: <i>very satisfied</i> – <i>satisfied</i> – <i>neither satisfied nor dissatisfied</i> – <i>dissatisfied</i> – <i>very dissatisfied</i>] <p>A definition of <i>access to clinical educators</i> may be needed in a preamble to this question, for example:</p> <p><i>'Access to clinical educators' includes opportunities for:</i></p> <ul style="list-style-type: none"> <i>You to observe the educator modelling or demonstrating behaviours/treatment;</i> <i>The educator to observe your performance;</i> <i>You to ask questions; and</i> <i>The educator to provide feedback.</i> <p>Other questions/statements can also be included in the survey, to gain a more detailed understanding of the factors influencing the overall rating given by the learners. Examples of other questions include:</p> <ul style="list-style-type: none"> Whether there were enough suitably skilled/knowledgeable staff for the number of learners. Whether clinical educators were accessible and available to learners outside of the formally scheduled contact periods. Whether the learners were comfortable with the clinical educators they had contact with. <p>Surveys should collect sufficient demographic information to allow data to be disaggregated by discipline and learner level (i.e. professional entry, early graduate or vocational/postgraduate), as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p>
BPCLEtool data entry	For each discipline that is monitoring this indicator, enter the total number of learners at each learner level that nominated each response for the

	<p>question. Organisations only have to report data for learner levels for which they have collected data.</p> <p>BPCLEtool will automatically calculate the proportion of learners that rated their access to clinical educators favourably (i.e. <i>satisfied</i> or <i>very satisfied</i>).</p>
Disaggregation	<p>BPCLEtool will report on data disaggregated by discipline and learner level. Depending on how much demographic information is collected through surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by clinical area (for larger health services), education provider, etc.</p>
Issues/comments	<p>This assessment is necessarily subjective and there is a possibility that learners will make comparisons to previous experiences (good or bad) in rating their satisfaction with their current experience, as opposed to making a more objective judgement as to whether their access to clinical educators on this placement was sufficient for their actual needs.</p> <p>It should also be noted that some learners genuinely have higher needs than others, and this will influence their rating of their access to clinical educators.</p> <p>It is acknowledged that some disciplines have mandated minimum standards for ratios of learners to educators, as determined by the profession. Moreover, some relationship agreements (or schedules therein) may specify the expected ratio of learners to educators. These specified ratios are likely to reflect years of empirical evidence on the ratios that will deliver the required educational objectives without overburdening the organisation, and learner satisfaction/dissatisfaction with these ratios should be considered in this context. Therefore, this indicator should be monitored in conjunction with Indicator 30 (<i>Proportion of learners to educators and clinicians</i>).</p>
Related indicators	<p>4 - Staffing levels allow the time allocated to educational activities to be used for educational activities</p> <p>9 - Learners feel they are valued by the organisation</p> <p>22 - The existence of protocols for dealing with struggling learners requiring assistance</p> <p>30 - Proportion of learners to educators and clinicians</p>
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	<p>Not directly actionable.</p> <p>The action taken will depend on whether there is an actual – and educationally significant – deficit in the ratio of learners to educators, or if the issue is one of perceptions (due to low levels of confidence or unrealistic expectations) on the part of learners.</p> <ul style="list-style-type: none"> ▪ If there are too few clinical educators for the number of learners, organisations may need to increase the number of staff allocated to educational activities or reduce the number of learners they have on site at any given time. ▪ If the problem highlighted by the result is one of learner perceptions, organisations (working in conjunction with education providers) will need to consider the most appropriate way to manage learner expectations and to deal with learners who lack confidence in their own skills and competence.

Indicator number	30
Indicator	Proportion of learners to educators and clinicians
Category	Category II
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	There are appropriate ratios of learners to educators
Indicator type	Structural
Relevant output	<ul style="list-style-type: none"> ▪ Record of learner numbers in each week, against number of clinicians and clinical education staff

Relevant learner levels	<p>This indicator applies to three learner levels (see <i>Definitions</i> on p.4), namely:</p> <ul style="list-style-type: none"> Professional entry learners Early graduate learners Vocational/postgraduate learners
Indicator rationale	<p>The perceptions of learners about their access to clinical educators (Indicator 29) needs to be contextualised with quantitative information about numbers of learners present each day (or week) and the number of staff assigned to those learners/learner groups.</p>
Numerator	<p>There are five numerators to be recorded for this indicator for each discipline:</p> <ul style="list-style-type: none"> FTE of clinical staff. FTE of staff employed as clinical educators. Highest number of learner placement days per week for the reporting period (for each learner level). Lowest (non-zero) number of learner placement days per week for the reporting period (for each learner level). Total number of learner placement days for the reporting period (for each learner level).
Denominator	Not applicable
Benchmark(s)	<p>This indicator is not recommended for benchmarking, even on a discipline-by-discipline basis. Minimum standards exist for some professions and some other learner groups are covered by agreed ratios negotiated between education providers and health services. In the first instance, rather than establish separate benchmarks under the BPCLE Framework, organisations should ensure the actual ratios of learners to educators and clinicians meet the minimum standards set by the profession or the agreed ratios set out in relationship agreements.</p>
Specific data collection tools required	<ul style="list-style-type: none"> Register of learners. HR records.
Information required to support indicator measurement	<p>For the purposes of this indicator:</p> <ul style="list-style-type: none"> <i>Staff employed as clinical educators</i> – refers to staff members employed specifically to deliver education/training to learners within the organisation (as per definition of ‘clinical educator’ on p.4). <i>Learner placement days per week</i> – refers to the total number of individual learners (from all education/training provider institutions combined) in the organisation over the course of one week multiplied by the number of days each learner spent undertaking educational activities in that week. For example, if there were 20 professional entry nursing learners in the organisation in one week, each of whom spent three days undertaking placement activities over that week, this would represent 60 professional entry nursing placement days for that week. <p>Organisations will need to maintain some form of register of learners that includes fields for the following information:</p> <ul style="list-style-type: none"> Discipline. Course or program (and year level, if appropriate). Number of learners in the group/cohort. Dates and duration of the placement/rotation. Total weekly load for the period (i.e. total placement days/hours for the week). <p>HR records only need to record sufficient information about staff employment categories to allow clinical staff and clinical educators to be identified in each discipline.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter</p> <ul style="list-style-type: none"> FTE of clinical staff. FTE of staff employed as clinical educators. Highest number of learner placement days per week for the reporting period (for each learner level). Lowest (non-zero) number of learner placement days per week for the

	<p>reporting period (for each learner level).</p> <ul style="list-style-type: none"> Total number of learner placement days for the reporting period (for each learner level). <p>Organisations only have to report data for learner levels for which they have collected data.</p> <p>BPCLEtool will automatically calculate the respective learner:staff ratios for each discipline and learner level.</p>
Disaggregation	BPCLEtool will report on data disaggregated by discipline and learner level.
Issues/comments	In the first instance, this indicator should be viewed as a data collection activity to determine the learner-to-staff ratios that are actually being experienced in various clinical education settings. Over time, this information, combined with data from learner and staff surveys about their satisfaction with the arrangements, as well as data on learner outcomes, may allow professions to develop or amend criteria about the most appropriate ratios of learners-to-clinicians/educators for various settings.
Related indicators	<p>4 - Staffing levels allow the time allocated to educational activities to be used for educational activities</p> <p>29 - Learner satisfaction about their access to clinical educators</p>
Other potential uses of this indicator	This indicator can also contribute to monitoring of staffing and activity profiles over a period of time.
Actions to improve the indicator result	<p>Directly actionable.</p> <p>Regardless of whether professional standards or agreed ratios exist, organisations may determine their learner-to-staff ratios are not appropriate or sustainable. However, it will not necessarily be possible in the short-term for organisations to improve ratios by increasing staff numbers. Therefore, the most likely outcome is that the organisation will take fewer learners. Other alternatives include spreading the learner load over longer time periods, or negotiating with education providers to utilise evenings, weekends or semester breaks to place learners.</p>

Indicator number	31
Indicator	Patients are satisfied with the amount of interaction they have with learners
Category	Category II
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	There are appropriate ratios of learners to patients
Indicator type	Outcome
Relevant output	<ul style="list-style-type: none"> Patient/client feedback Record of number of learners and number of patients/clients in the health service/clinical area for each period (day/week/month)
Relevant learner levels	This indicator only applies to patient/client interactions with professional entry learners (see <i>Definitions</i> on p.4), since this is the only learner category that patients are likely to be specifically aware of.
Indicator rationale	<p>The first principle upon which the BPCLE Framework is based is that <i>patient or client care is an integral component of quality clinical education</i>. Indeed, patients/clients are central to the process of clinical education and are the most valuable resource in the clinical learning environment. Importantly, the patient/client resource must be neither overused nor misused, although it is possible that patients/clients might be inconvenienced by the presence of learners.</p> <p>Ultimately, whether an appropriate balance has been reached between the convenience of patients and the requirement for learners to work with patients can only be revealed through the perceptions of patients about their experience with learners. For example, if there are very high ratios of learners to patients, individual patients may feel the number of interactions with learners was too high and actually became a nuisance or unwelcome.</p>
Numerator	The number of patients/clients that reported interaction with one or more learners who rated the amount of that interaction favourably (i.e. <i>satisfied</i>)

	or <i>very satisfied</i> on a 5-point Likert scale)
Denominator	The number of patients/clients that responded to the question
Benchmark(s)	The suggested benchmark is 70% of patients/clients that reported interaction with one or more learners who rated the amount of that interaction favourably (i.e. <i>satisfied</i> or <i>very satisfied</i>)
Specific data collection tools required	<ul style="list-style-type: none"> ▪ Patient/client satisfaction survey. ▪ A spreadsheet to record numbers of patients that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet.
Information required to support indicator measurement	<p>The patient/client satisfaction survey will need to include the following questions at a minimum:</p> <ol style="list-style-type: none"> (1) Did you have any interaction with students in the course of your attendance at this health service? (<i>yes – no – unsure</i>) (2) Overall, how would you rate your level of satisfaction with the amount of interaction you had with students? (<i>very dissatisfied – dissatisfied – neither dissatisfied nor satisfied – satisfied – very satisfied</i>) <p>Other questions can also be included in the survey, to gain a more detailed understanding and context for the response, including</p> <ul style="list-style-type: none"> ▪ How many learners or learner groups did you interact with? ▪ Were you aware that this health service is a teaching facility and that students may contribute to your care delivery? ▪ Were you happy to have this interaction? ▪ What activities were involved in this interaction? (A list with multiple options should be provided, with multiple answers possible) <p>To assist the organisation with understanding what constitutes an unacceptable ratio of learners to patients, the qualitative data collected for this indicator could usefully be contextualised with quantitative data on the number of learners in each clinical area in a given week, as well as the actual number of patients/clients in that clinical area in each week.</p>
BPCLEtool data entry	Enter the total number of patients that nominated each response on the Likert scale. BPCLEtool will automatically calculate the total number of patients from whom a response was recorded during the reporting period and calculate the proportion of the total that answered <i>satisfied</i> or <i>very satisfied</i> .
Disaggregation	BPCLEtool does not disaggregate the result.
Issues/comments	<p>This indicator relies on a subjective assessment that could be complicated by a number of factors that have nothing to do with the interaction between learners and patients/clients. Patients/clients could be feeling generally dissatisfied with their involvement with the organisation because their health issue was not favourably resolved, or because they are particularly unwell or because they did not have positive interactions with staff. It may be possible to determine whether any of these circumstances apply, depending on other questions included in the patient/client survey, and if so, factor this into interpretation of the indicator.</p> <p>In Victoria, The Victorian Healthcare Experience Survey (VHES) collects data from a range of healthcare users of Victorian public health services. The VHES questionnaire includes questions that ask patients whether their permission was sought before learners accompany health care professionals treating them and whether patients felt comfortable having learners present whilst receiving treatment. These questions, while related, do not address the specific issue of this indicator i.e. whether patients felt the <i>amount</i> of interaction they had with learners was appropriate, and therefore health services using the VHES will still require additional feedback from their patients to measure this indicator.</p>
Related indicators	32 - Learner satisfaction about their direct access to patients
Other potential uses of this indicator	Inclusion of questions about patient/client interactions with learners in the patient satisfaction survey will add to the organisation's understanding of the patient experience more broadly.
Actions to improve the	Actionable.

indicator result	<p>If health services receive a significant level of negative feedback from patients/clients about the amount of interaction they had with learners, they may consider the following actions:</p> <ul style="list-style-type: none"> ▪ Ensure better coordination between disciplines and/or learner cohorts to avoid patients/clients being overwhelmed with learner contacts. ▪ Instruct learners about appropriate behaviours in seeking contact with patients/clients, to ensure patient wishes are respected. ▪ Provide more information to patients/clients to ensure they are aware that educational activities are core business for the health service and to assist patients to develop realistic expectations of their contact with learners.
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Indicator number	32
Indicator	Learner satisfaction about their direct access to patients
Category	Category III
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	There are appropriate ratios of learners to patients
Indicator type	Outcome
Relevant output	<ul style="list-style-type: none"> ▪ Record of number of learners and number of patients/clients in the health service/clinical area for each period (day/week/month)
Relevant learner levels	<p>This indicator applies to learners at professional entry level (see <i>Definitions</i> on p.4).</p> <p>Other learner levels are not included because, as staff, those learners will have interactions with patients/clients as part of their clinical case load.</p>
Indicator rationale	The major purpose of clinical placements for professional entry learners is to provide them with direct access to real patients in real clinical situations, to ensure the learners are adequately prepared for their professional role. While it is possible learners may seek more access to patients than they actually require in developing the required competency, their perception of inadequate access is likely to impact on their confidence as practitioners.
Numerator	The number of learners that rate their access to patients/clients favourably (i.e. <i>satisfied</i> or <i>very satisfied</i> on a 5-point Likert scale)
Denominator	The total number of learners that responded to the question
Benchmark(s)	<p>The suggested benchmark is 70% of learners who rate their access to patients/clients favourably (i.e. <i>satisfied</i> or <i>very satisfied</i>).</p> <p>Note that benchmarking the actual level of access to patients is not feasible or meaningful.</p>
Specific data collection tools required	<ul style="list-style-type: none"> ▪ Learner survey including the relevant question(s). ▪ A spreadsheet to record numbers of learners in each discipline that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. ▪ If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories (see disaggregation section below).
Information required to support indicator measurement	<p>The learner survey will need to include the following question:</p> <ul style="list-style-type: none"> ▪ <i>Overall, how satisfied were you with your access to patients while on this placement?</i> [responses on a 5-point Likert scale: <i>very dissatisfied</i> – <i>dissatisfied</i> – <i>neither dissatisfied nor satisfied</i> – <i>satisfied</i> – <i>very satisfied</i>] <p>Other questions can also be included in the survey, to gain a more detailed understanding of the factors influencing the overall rating given by the learners. Examples of other questions include:</p> <ul style="list-style-type: none"> ▪ Details of the patient numbers and case mix the learner had access to. ▪ Whether learners were competing with other learners for access to patients.

	<ul style="list-style-type: none"> Whether learners had sufficient time with patients. Whether patients were generally receptive to interactions with learners. <p>Surveys should collect sufficient demographic information to allow data to be disaggregated by discipline, as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of learners that nominated each response on the Likert scale for the question.</p> <p>BPCLEtool will automatically calculate the proportion of learners that rated their access to patients/clients favourably (i.e. <i>satisfied</i> or <i>very satisfied</i>).</p>
Disaggregation	<p>BPCLEtool will report on data disaggregated by discipline.</p> <p>Depending on how much demographic information is collected through surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by clinical area (for larger health services), education provider, etc.</p>
Issues/comments	<p>It is worth noting that some disciplines do specify the minimum number of contacts learners are expected to have with particular categories of clinical cases during a typical placement. In those instances, if learners are aware they need to achieve certain numbers of patient contacts, their satisfaction about access to patients may reflect whether they have achieved that target, even though this may be largely beyond the control of the health service. To determine whether this is a factor in the response of learners, it may be helpful to include an additional question in the learner survey about whether patient contact targets were met.</p> <p>Of course, as noted above, learners may <i>perceive</i> their access to patients is less than they require, even though the amount of access may actually be adequate for meeting the educational objectives of the placement. Thus, low learner satisfaction does not necessarily mean that the level of patient access is below what is required. Instead, low satisfaction may indicate that learner confidence is the real problem and this would necessitate a different remedy. Nevertheless, since the overall objective is to create quality learning environments that help learners to achieve their educational objectives, even if the problem highlighted through this indicator is one of <i>unrealistic expectations</i> on the part of learners, the problem needs to be addressed to ensure learners have a positive learning experience.</p>
Related indicators	<p>29 - Learner satisfaction about their access to clinical educators</p> <p>31 - Patients are satisfied with the amount of interaction they have with learners</p>
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	<p>Not directly actionable.</p> <p>The action taken will depend on whether there is an actual – and educationally significant – deficit in the number of patient contacts, or if the issue is one of perceptions (due to low levels of confidence or unrealistic expectations) on the part of learners.</p> <ul style="list-style-type: none"> If there are too few patient cases for the number of learners, health services will need to reduce the number of learners they take on clinical placements. This may also require some cross-coordination between disciplines, where some patient categories are being shared between health professions. If the problem highlighted by the result is one of learner perceptions, clinical educators will need to be advised on the most appropriate way to manage learner expectations and to deal with learners who lack confidence in their skills and competence.

Indicator number	33
Indicator	Orientation materials and/or activities are adapted to accommodate learners returning for subsequent placements at the health service
Category	Category IV
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	There is continuity of learning experience
Indicator type	Structural
Relevant output	<ul style="list-style-type: none"> Documentation in respect of learners which includes a longitudinal record of placements within the health service for each learner (including previous assignment of staff or supervisors)
Relevant learner levels	This indicator applies to learners at professional entry level (see <i>Definitions</i> on p.4).
Indicator rationale	<p>A number of educational models are moving towards a more integrated approach to clinical placements, whereby learners return to the same health service throughout their course, allowing them to develop a more holistic view of the organisation and to develop strong professional links with the organisation. Indeed, continuity between learning environments reduces the amount of time learners need to spend in orientation-type activities, thus increasing the time spent in learning clinical and professional competencies. Familiarity with an environment (or a particular preceptor, educator or facilitator) allows a learner to focus on acquisition of new skills and knowledge.</p> <p>However, learners often report there is no mechanism to take account of their previous placement experience of a facility into future placements at the site. Thus, learners sometimes duplicate learning experiences unnecessarily and the opportunities to build upon existing knowledge of the facility are wasted.</p> <p>This indicator reveals the level of preparedness of health services to maximise the mutual benefits of learners returning to the organisation for further clinical education or training.</p>
Numerator	This indicator requires either a “yes” or “no” response
Denominator	Not applicable
Benchmark(s)	None suggested
Specific data collection tools required	<ul style="list-style-type: none"> Spreadsheet (register) of learner cohorts.
Information required to support indicator measurement	<p>The register of learner cohorts should include the following fields:</p> <ul style="list-style-type: none"> Course or program name. Discipline. Education or training provider (if relevant). Year level (if appropriate). Whether generic orientation materials are provided to the learners. Whether specific orientation materials (i.e. specific to a particular education/training provider) are provided to the learners. Whether a formal orientation session is conducted. Whether orientation materials and/or activities are adapted to accommodate learners returning for subsequent placements. <p>Using a register (such as the register provided in the BPCLEtool Indicator Data Collector workbook) to record this information is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p>
BPCLEtool data entry	For each discipline that is monitoring this indicator, answer “yes” or “no” to the question: “Are orientation materials and/or activities adapted to accommodate learners returning for subsequent placements at the organisation?”
Disaggregation	BPCLEtool will report on data disaggregated by discipline.
Issues/comments	This indicator is only relevant if a health service routinely takes learners for return placements.

Related indicators	9 - Learners feel they are valued by the organisation 34 - Relationship agreements cover resources and other requirements that underpin continuity of learning experiences for relevant disciplines
Other potential uses of this indicator	Protocols for incorporating previous experience of the facility are potentially useful for new staff members, as well as for learners.
Actions to improve the indicator result	Directly actionable. If relevant policy or protocols do not exist, this will need to be addressed through the organisation's policy development mechanisms, in consultation with the education provider partner(s). If the protocols exist but are not being implemented effectively by staff, this may be addressed through relevant staff awareness campaigns and training.

Indicator number	34
Indicator	Relationship agreements cover resources and other requirements that underpin continuity of learning experiences for relevant disciplines
Category	Category IV
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	There is continuity of learning experience
Indicator type	Structural
Relevant output	<ul style="list-style-type: none"> Documentation in respect of learners which includes a longitudinal record of placements within the health service for each learner (including previous assignment of staff or supervisors)
Relevant learner levels	This indicator applies to relationship agreements that cover learners at professional entry level (see <i>Definitions</i> on p.4).
Indicator rationale	<p>Although not relevant or practicable for all health professional disciplines, continuity of learning experiences assists in professional socialisation of learners, allowing them to develop a sense of belonging, and helps educators to develop awareness of the learning needs of learners and feel a sense of contribution to their successes. It also reduces the amount of time learners need to spend in orientation-type activities, thus increasing the time spent in learning clinical and professional competencies. Familiarity with an environment (or a particular preceptor, educator or facilitator) allows a learner to focus on acquisition of new skills and knowledge.</p> <p>Both the health service and education provider partners need to make input to continuity of learning experiences. Although the absence of relevant references in relationship agreements does not mean there is no continuity of learning experience, the inclusion of such references in the agreement is formal acknowledgement of the resourcing necessary to make continuity possible and educationally meaningful. Therefore, this indicator reveals whether health services and their education provider partners have formalised their arrangements for ensuring continuity of learning experiences where these are deemed appropriate and desirable.</p>
Numerator	The number of relevant relationship agreements that include reference to resources and other requirements for continuity of learning experiences
Denominator	The number of relationship agreements for placement partnerships where learners return for multiple placements
Benchmark(s)	The suggested benchmark is 100%, since the objective is for every placement partnership where returning learners are part of the arrangement to be covered by a relationship agreement that codifies resources and other requirements that underpin continuity of learning experiences for returning learners.
Specific data collection tools required	<ul style="list-style-type: none"> Register of clinical placement relationships.
Information required to support indicator measurement	<p>Each relationship should be recorded in the register, with separate sub-records for each discipline and year level as appropriate. The register should include fields indicating:</p> <ul style="list-style-type: none"> The disciplines covered by the arrangement.

	<ul style="list-style-type: none"> Whether the arrangement is covered by a formal agreement. When the arrangement/agreement was last negotiated. When the arrangement/agreement is next due for re-negotiation. A checklist of items that may or may not be included in the agreement. <p>Using a register (such as the register provided in the BPCLEtool Indicator Data Collector workbook) to record this information is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the following information:</p> <ul style="list-style-type: none"> The number of placement partnerships where learners are expected to return for multiple placements. The number of placement partnerships where learners are expected to return for multiple placements that are covered by a relationship agreement. The number of those relationship agreements that include references to requirements for continuity of learning experiences. <p>BPCLEtool will automatically calculate the proportion of relevant placement partnerships (i.e. where learners are expected to return for multiple placements) that are covered by relationship agreements that include references to requirements for continuity of learning experiences.</p>
Disaggregation	BPCLEtool will report on data disaggregated by discipline.
Issues/comments	<p>Continuity of learning experiences is more relevant for some disciplines or placement settings than for others. This indicator is only relevant if a health service routinely takes learners for return placements.</p> <p>It should be noted that the Victorian Department of Health and Human Services (DHHS) has developed a Student Placement Agreement (SPA) template that provides the key elements of relationship agreements, and which partners can adapt to their individual circumstances. This includes having agreed arrangements for resources and other requirements that underpin continuity of learning experiences for relevant disciplines, included as part of a Schedule to the agreement.</p>
Related indicators	33 - Orientation materials and/or activities are adapted to accommodate learners returning for subsequent placements at the health service
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	<p>Directly actionable.</p> <p>If continuity of learning experiences is relevant for particular learners but is not covered in the relationship agreement, this should be addressed through discussion with the relevant education provider partner.</p>

Indicator number	35
Indicator	Existence of tools to assess learner needs
Category	Category I
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	There are structured learning programmes and assessment
Indicator type	Structural
Relevant output	<ul style="list-style-type: none"> Documentation in respect of each learner or learner cohort, noting their learning needs
Relevant learner levels	<p>This indicator applies to learners at any level (see <i>Definitions</i> on p.4), namely:</p> <ul style="list-style-type: none"> Professional entry learners Early graduate learners Vocational/postgraduate learners CPD learners
Indicator rationale	Educational models are moving towards a more learner-centred approach

	to teaching and learning activities, as well as shifting to <i>competency-based</i> rather than <i>time-served</i> assessment of readiness for practice. For these models to work effectively, clinical educators must be able to assess the learning needs of individual learners and use this information to structure clinical education activities that will meet specific learning objectives. This indicator measures the capacity of organisations to assess learner needs as part of this process.
Numerator	This indicator requires either a "yes" or "no" response
Denominator	Not applicable
Benchmark(s)	None suggested
Specific data collection tools required	<ul style="list-style-type: none"> Clinical education resource register
Information required to support indicator measurement	<p>The clinical education resource register should include a range of information that will assist clinical education staff to find and utilise relevant education resources (such as tools for assessing learning needs), including:</p> <ul style="list-style-type: none"> Resource title. Purpose (i.e. what the resource is to be used for; which learners it is applicable to, etc). Source (i.e. who developed the resource). Format (e.g. hard copy <i>versus</i> electronic). Date of last review/revision. Where the resource can be found.
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, indicate whether an appropriate learning needs assessment tool is available for each relevant learner level.</p> <p>Organisations only have to report data for learner levels for which they have collected data.</p>
Disaggregation	BPCLEtool will report on data disaggregated by discipline and learner level.
Issues/comments	The existence of tools for assessing learner needs is necessary but not sufficient to ensure that learner needs are being assessed and that this information is being factored into the development of structured learning programs. A major issue is whether clinical education staff are aware of the tools and are utilising them effectively.
Related indicators	<p>22 - The existence of protocols for dealing with struggling learners requiring assistance</p> <p>25 - Relationship agreement includes protocols for exchange of information on educational objectives, assessment and knowledge and proficiency levels of learners</p> <p>36 - Proportion of post-registration learners who have explicit learning objectives</p>
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	<p>Directly actionable.</p> <p>If needs assessment tools do not exist, this should be addressed through the organisation's resource development mechanisms, in consultation with relevant education provider partner(s).</p> <p>If the tools exist but are not being utilised effectively by staff, this may be addressed through awareness campaigns and training for relevant staff.</p>

Indicator number	36
Indicator	Proportion of early graduate and CPD learners who have explicit learning objectives
Category	Category III
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	There are structured learning programmes and assessment
Indicator type	Structural

Relevant output	<ul style="list-style-type: none"> Documentation in respect of each learner or learner cohort, noting their learning needs Structured curricula or learning contracts
Relevant learner levels	<p>This indicator applies to two learner levels (see <i>Definitions</i> on p.4), namely:</p> <ul style="list-style-type: none"> Early graduate learners CPD learners
Indicator rationale	<p>Learning objectives are important for all learners and are integral to the curricula of accredited courses or programs that lead to formal degree qualifications or fellowships. However, learners who are not participating in accredited courses or programs, particularly early graduates and those participating in continuing professional development, may not have explicit learning objectives. This indicator measures the extent to which the clinical training activities of these learners are covered by explicit learning objectives.</p>
Numerator	The number of early graduate and CPD learners who have explicit learning objectives as part of their education program
Denominator	The total number of learners who responded to the question
Benchmark(s)	None suggested
Specific data collection tools required	<ul style="list-style-type: none"> Staff survey including relevant question(s), to obtain responses from early graduate learners and CPD learners. A spreadsheet to record numbers of learners at each learner level in each discipline that nominate each response. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories.
Information required to support indicator measurement	<p>The survey will need to include the following question:</p> <ul style="list-style-type: none"> <i>Did you have explicit learning objectives as part of your clinical training activity? (Yes/No)</i> <p>Other questions/statements can also be included in the survey, to gain a more detailed understanding of whether the learning objectives were of benefit to the learning experience.</p> <p>Surveys should collect sufficient demographic information to allow data to be disaggregated by discipline and learner level (i.e. early graduate or CPD), as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of learners at each learner level that nominated each response for the question. Organisations only have to report data for learner levels for which they have collected data.</p> <p>BPCLEtool will automatically calculate the proportion of learners that indicated they had explicit learning objectives.</p>
Disaggregation	BPCLEtool will report on data disaggregated by discipline and learner level.
Issues/comments	<p>Some learners at early graduate or CPD level may be participating in programs or courses that have explicit learning objectives, but the learners may not be aware of those learning objectives. Therefore, the indicator is as much a reflection of learner awareness of their learning objectives as it is a measure of whether learning objectives exist for these learner groups.</p>
Related indicators	<p>35 - Existence of tools to assess learner needs</p> <p>37 - Satisfaction of learners who are not working under a structured program about their access to learning opportunities and resources</p>
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	<p>Directly actionable.</p> <p>If learners report they did not have explicit learning objectives for their</p>

	<p>clinical training program, the organisation should investigate whether the issue is one of a lack of learning objectives, or a lack of awareness on the part of the learners.</p> <p>If learning objectives don't exist, the organisation should either develop appropriate learning objectives for in-house programs or communicate with the relevant education provider to rectify the situation.</p> <p>If learning objectives exist but learners are not aware of them, this might require changes to the program to ensure better alignment between the learning activities and the learning objectives, as well as greater emphasis being placed on the learning objectives in the program delivery.</p>
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Indicator number	37
Indicator	Satisfaction of post-registration learners about their access to learning opportunities and resources
Category	Category III
BPCLE element	Element 3: A positive learning environment
BPCLE sub-objective(s)	There are structured learning programmes and assessment
Indicator type	Outcome
Relevant output	<ul style="list-style-type: none"> Documentation in respect of each learner or learner cohort, noting their learning needs Structured curricula or learning contracts
Relevant learner levels	<p>This indicator applies to three learner levels (see <i>Definitions</i> on p.4), namely:</p> <ul style="list-style-type: none"> Early graduate learners Vocational/postgraduate learners CPD learners
Indicator rationale	<p>Many post-registration learners undertake their clinical training in programs that are not covered by formal agreements between the clinical setting and an education/training provider, where access to learning opportunities and resources is stipulated in the agreement. Anecdotally, these learners report difficulty in accessing learning opportunities, since the learning needs of this group are often discounted relative to the more structured learning and assessment needs of professional entry learners.</p> <p>To ensure all clinicians are able to access the learning opportunities necessary for their ongoing professional development, it is very important that organisations are able to deliver clinical education and training to all learners, not just those enrolled in entry-level health professional courses. This indicator measures whether organisations are successfully achieving this objective.</p>
Numerator	The number of post-registration learners that rate their access to learning opportunities favourably (i.e. <i>satisfied</i> or <i>very satisfied</i> on a 5-point Likert scale)
Denominator	The number of learners that responded to the question
Benchmark(s)	The suggested benchmark is 70% of post-registration learners that rate their access to learning opportunities favourably (i.e. <i>satisfied</i> or <i>very satisfied</i> on a 5-point Likert scale).
Specific data collection tools required	<ul style="list-style-type: none"> Staff survey including relevant question(s), to obtain responses from early graduate, vocational/postgraduate and CPD learners. A spreadsheet to record numbers of learners at each learner level in each discipline that nominate each response. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories.
Information required to support indicator	<p>The survey will need to include the following question at a minimum:</p> <ul style="list-style-type: none"> <i>Overall, how satisfied were you with your access to clinical learning</i>

measurement	<p><i>opportunities and learning resources?</i> [responses on a 5-point Likert scale: <i>very dissatisfied</i> – <i>dissatisfied</i> – <i>neither satisfied nor dissatisfied</i> – <i>satisfied</i> – <i>very satisfied</i>]</p> <p>Other questions/statements can also be included in the survey, to gain a more detailed understanding of the factors influencing the overall rating given by the learners. Examples of other questions include:</p> <ul style="list-style-type: none"> ▪ Whether there were enough suitably skilled/knowledgeable staff for the number of learners. ▪ Whether clinical educators were accessible and available to learners. ▪ Whether learners had access to patients. ▪ Whether learners had access to other resources (e.g. IT, rooms, lockers, etc.) <p>Surveys should collect sufficient demographic information to allow data to be disaggregated by discipline and learner level (i.e. early graduate, vocational/postgraduate or CPD), as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of learners at each learner level that nominated each response on the Likert scale. Organisations only have to report data for learner levels for which they have collected data.</p> <p>BPCLEtool will automatically calculate the total number of respondents for each discipline and learner level for the reporting period and calculate the proportion of the total that answered <i>satisfied</i> or <i>very satisfied</i>.</p>
Disaggregation	<p>BPCLEtool will report on data disaggregated by discipline and learner level. Depending on how much demographic information is collected through surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by clinical area/department (for larger organisations).</p>
Issues/comments	<p>This indicator provides important information about how professional development is prioritised by the organisation. If post-registration learners are not satisfied with their access to learning opportunities and resources, this could impact upon recruitment and retention of staff.</p>
Related indicators	<p>35 - Existence of tools to assess learner needs</p> <p>36 - Proportion of post-registration learners who have explicit learning objectives</p>
Other potential uses of this indicator	<p>None suggested</p>
Actions to improve the indicator result	<p>Not directly actionable.</p> <p>If a high proportion of early graduate, vocational/postgraduate or CPD learners are reporting dissatisfaction with their access to learning opportunities and resources, a review of how the learning programs of these learners is managed and organised may be required. This should reveal where there are issues that need to be addressed, to ensure post-registration learners receive appropriate priority in the overall education agenda of the organisation.</p>

Element 4: An effective health service-education provider relationship

Indicator number	38
Indicator	Existence of resource exchange mechanisms
Category	Category III
BPCLE element	Element 4: An effective health service-education provider relationship
BPCLE sub-objective(s)	The partners assist each other to optimise their contribution to the training of health professionals
Indicator type	Structural
Relevant outputs	<ul style="list-style-type: none"> ▪ Shared access to resources ▪ Jointly developed resources
Relevant learner levels	This indicator applies to relationship agreements that relate to learners at

	any level.
Indicator rationale	A key practical feature of an effective health service -education provider relationship is the existence of mechanisms for the exchange of resources between the partners. Where there is only <i>ad hoc</i> exchange or sharing of resources between individuals that may have existing personal relationships, this is unlikely to produce a systematic and joint approach to resource development, access and review. This indicator measures whether formal mechanisms for resource exchange have been established.
Numerator	The number of relationship agreements that include reference to resource exchange mechanisms
Denominator	The total number of relationship agreements held by the organisation
Benchmark(s)	None suggested This indicator is not recommended for benchmarking between health services as the number and type of resource exchange mechanisms will vary widely (based on the size of the organisations, disciplines covered, the number of learners covered by the agreement, etc).
Specific data collection tools required	<ul style="list-style-type: none"> Register of clinical placement relationships
Information required to support indicator measurement	<p>Each relationship should be recorded in the register, with separate sub-records for each discipline and year level as appropriate. The register should include fields indicating:</p> <ul style="list-style-type: none"> The disciplines covered by the arrangement. Whether the arrangement is covered by a formal agreement. When the arrangement/agreement was last negotiated. When the arrangement/agreement is next due for re-negotiation. A checklist of items that may or may not be included in the agreement. <p>Using a register (such as the register provided in the BPCLEtool Indicator Data Collector workbook) to record this information is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p> <p>Organisations and their education provider partners will need to agree on definitions for what constitutes both a <i>resource</i> and an <i>exchange mechanism</i>. As a starting point:</p> <ul style="list-style-type: none"> A <i>resource</i> can be defined as any “materials, staff, finance and other assets that can be utilised for the clinical education of learners”. A <i>resource exchange mechanism</i> is where there is a defined process (as opposed to <i>ad hoc</i> arrangements) by which resources will be shared between the organisations. For example, the sharing of electronic educational resources through reciprocal access to institutional intranets or the agreement to use and maintain consistent learner assessment tools (where feasible) across both organisations.
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the following information:</p> <ul style="list-style-type: none"> The number of placement partnerships that exist. The number of placement partnerships that are covered by a relationship agreement. The number of those relationship agreements that include reference to resource exchange mechanisms. <p>BPCLEtool will automatically calculate the proportion of placement partnerships covered by relationship agreements that include reference to resource exchange mechanisms.</p>
Disaggregation	BPCLEtool will report on data disaggregated by discipline.
Issues/comments	The existence of resource exchange mechanisms is only the starting point for processes that should result in high quality resources being available to support clinical education and training in the organisation. As with a number of indicators in this Framework that measure the existence of policies and protocols, this indicator may need to progress to a measure of whether resource exchange mechanisms are effective. Indeed, it would be useful to determine if there is any correlation between having resource

	<p>exchange mechanisms in place and the level of satisfaction amongst learners with respect to the availability and quality of other learning resources within the organisation (Indicator 54).</p> <p>It should be noted that the Victorian Department of Health and Human Services (DHHS) has developed a Student Placement Agreement (SPA) template that provides the key elements of relationship agreements, and which partners can adapt to their individual circumstances. This includes having agreed arrangements for resource exchange mechanisms included as part of a Schedule to the agreement.</p>
Related indicators	<p>44 - Existence of point of contact within the health service and within the education provider</p> <p>54 - Learner satisfaction in relation to the availability and quality of other learning resources (e.g. textbooks, clinical equipment)</p>
Other potential uses of this indicator	The information collected for this indicator could assist in driving other collaborative activities between health services and education providers (e.g. research).
Actions to improve the indicator result	<p>Not directly actionable.</p> <p>If organisations are unable to establish resource exchange mechanisms with their education provider partners, it will require further analysis of the institutional barriers that are preventing this from occurring. The barriers could emanate from a number of areas but may also require a high-level re-examination of the organisational commitment to the relationship and a need to address this in negotiations/review of the relationship agreement.</p>

Indicator number	39
Indicator	Level of health service satisfaction about its relationships with education providers
Category	Category II
BPCLE element	Element 4: An effective health service-education provider relationship
BPCLE sub-objective(s)	Mutual respect and understanding exists between the health service and its education provider partner
Indicator type	Outcome
Relevant output	<ul style="list-style-type: none"> Agreement about the respective roles of the partners
Relevant learner levels	This indicator applies to relationships concerning professional entry learners (see <i>Definitions</i> on p.4).
Indicator rationale	<p>There are a number of communication processes that will facilitate an effective health service-education provider relationship. While these communication processes can be monitored, it is difficult to quantify the extent to which they are actually contributing to the overall relationship. In the absence of an objective measure, an estimate or proxy measure can be achieved by having the relationship partners rate the degree to which they are satisfied with the overall relationship.</p>
Numerator	Number of staff who manage relationships with education providers that rate their satisfaction with those relationships favourably (i.e. <i>satisfied</i> or <i>very satisfied</i> on a 5-point Likert scale)
Denominator	The total number of staff that responded to the question
Benchmark(s)	<p>The suggested benchmark is 70% of staff rating relationships favourably. While the ideal would be for all staff to report satisfaction for relationships with education providers, the reality is there can be an effective relationship even where the staff may not be completely satisfied. Importantly, some reasons for dissatisfaction may not be easily resolved. This indicator is not recommended for comparison between organisations.</p>
Specific data collection tools required	<ul style="list-style-type: none"> Staff survey including relevant question(s). A spreadsheet to record numbers of staff in each discipline that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. If organisations wish to disaggregate the result for follow-up action, it

	might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories (see disaggregation section below).
Information required to support indicator measurement	<p>This indicator will require a barrier question that asks staff whether they are responsible for managing relationships with education provider partners. Those answering yes will then be directed to the following question:</p> <ul style="list-style-type: none"> Overall, how satisfied are you with the relationships that exist between your organisation and the education providers that you deal with directly? [responses on a 5-point Likert scale: <i>very dissatisfied</i> – <i>dissatisfied</i> – <i>neither satisfied nor dissatisfied</i> – <i>satisfied</i> – <i>very satisfied</i>] <p>Organisations may wish to ask staff to provide separate responses for each education provider they deal with directly. They may also choose to include further questions in the staff survey, to gain a more detailed understanding of the factors influencing the overall rating given by staff in respect of each relationship.</p> <p>Surveys should collect sufficient demographic information to allow data to be disaggregated by discipline, as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of responses for each rating on the Likert scale.</p> <p>If the organisation decides to collect a separate response from staff for each education provider relationship, the data reported against this indicator will provide a more granular and nuanced report on the state of relationships than if staff provide a single overall (i.e. average) response for all education provider relationships they manage.</p> <p>BPCLEtool will automatically calculate the total number of responses for each discipline for the reporting period and calculate the proportion of the total that answered <i>satisfied</i> or <i>very satisfied</i>.</p>
Disaggregation	<p>BPCLEtool will report on data disaggregated by discipline.</p> <p>Depending on how much contextual information is collected through surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by education provider, etc.</p>
Issues/comments	<p>Over time, this indicator may need to shift focus from a general rating of satisfaction to reflect other aspects or features of the relationship that may emerge as being important and which are not covered in other BPCLE Framework indicators.</p> <p>This indicator will most usefully be interpreted in conjunction with Indicators 40 (<i>Level of education provider satisfaction about its relationships with health services</i>) and 41 (<i>Learner perceptions about the relationship between their education provider and the health service</i>). This will provide a holistic view of the relationship that exists between the organisation and its education provider partners. It may also reveal where discrepancies may be occurring (e.g. the organisation's staff are satisfied with the relationship but the relevant education provider staff are not satisfied and the learners do not believe there is an effective health service-education provider relationship).</p>
Related indicators	<p>40 - Level of education provider satisfaction about its relationships with health services</p> <p>41 - Learner perceptions about the relationship between their education provider and the health service</p>
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	<p>Not directly actionable.</p> <p>The most obvious means of addressing the issues will, in the first instance, be through improved communication between the partners. Thus, improvements maybe mediated through:</p> <ul style="list-style-type: none"> Regular meetings between health service and education provider staff. Each partner providing regular updates to the other about issues involved with delivering clinical education (facilitated through the

	<p>designated contact point at each organisation).</p> <ul style="list-style-type: none"> ▪ Exchange of staff between the organisations.
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Indicator number	40
Indicator	Level of education provider satisfaction about its relationships with health services
Category	Category III
BPCLE element	Element 4: An effective health service-education provider relationship
BPCLE sub-objective(s)	Mutual respect and understanding exists between the health service and its education provider partner
Indicator type	Outcome
Relevant output	<ul style="list-style-type: none"> ▪ Agreement about the respective roles of the partners
Relevant learner levels	This indicator applies to relationships concerning professional entry learners (see <i>Definitions</i> on p.4).
Indicator rationale	There are a number of communication processes that will facilitate an effective health service-education provider relationship. While these communication processes can be monitored, it is difficult to quantify the extent to which they are actually contributing to the overall relationship. In the absence of an objective measure, an estimate or proxy measure can be achieved by having the relationship partners rate the degree to which they are satisfied with the overall relationship.
Numerator	Number of education provider staff who deal directly with the organisation that rate their satisfaction with the relationship favourably (i.e. <i>satisfied</i> or <i>very satisfied</i> on a 5-point Likert scale)
Denominator	Total number of education provider staff that responded to the question
Benchmark(s)	<p>The suggested benchmark is 70% of education provider staff rating the relationship with the organisation favourably. While the ideal would be for all education provider partners to rate the relationship favourably, the reality is there can be an effective relationship even where all the staff may not be completely satisfied. Importantly, some reasons for dissatisfaction may not be easily resolved.</p> <p>This indicator is not recommended for comparison between organisations.</p>
Specific data collection tools required	<ul style="list-style-type: none"> ▪ Survey for education provider partners. ▪ A spreadsheet to record numbers of education provider staff in each discipline that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. ▪ If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories (see disaggregation section below).
Information required to support indicator measurement	<p>The survey of education provider partners would be conducted by the organisation and targeted to education provider staff that deal directly with the organisation. It may be necessary to include a barrier question to ensure the most appropriate education provider staff provide responses, e.g. <i>Do you deal directly with [name of organisation] in relation to clinical education of learners?</i> Those answering yes will be asked to nominate relevant disciplines and answer the following question:</p> <ul style="list-style-type: none"> ▪ <i>Overall, how satisfied are you with the relationship that exists between your institution and [name of health service]? [responses on a 5-point Likert scale: very dissatisfied – dissatisfied – neither satisfied nor dissatisfied – satisfied – very satisfied]</i> <p>Other questions may be included in the education provider survey, to gain a more detailed understanding of the factors influencing the overall rating. Surveys should collect sufficient demographic information to allow data to be disaggregated by discipline, as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p>

BPCLEtool data entry	For each discipline that is monitoring this indicator, enter the total number of responses for each rating on the Likert scale. BPCLEtool will automatically calculate the total number of responses for each discipline for the reporting period and calculate the proportion of the total that answered <i>satisfied</i> or <i>very satisfied</i> .
Disaggregation	BPCLEtool will report on data disaggregated by discipline.
Issues/comments	Over time, this indicator may need to shift focus from a general rating of satisfaction to reflect other aspects or features of the relationship that may emerge as being important and which are not covered in other BPCLE Framework indicators. This indicator will most usefully be interpreted in conjunction with Indicators 39 (<i>Level of health service satisfaction about its relationships with education providers</i>) and 41 (<i>Learner perceptions about the relationship between their education provider and the health service</i>). This will provide a holistic view of the relationship that exists between the organisation and its education provider partners. It may also reveal where discrepancies may be occurring (e.g. the organisation's staff are satisfied with the relationship but the relevant education provider staff are not satisfied and the learners do not believe there is an effective health service-education provider relationship).
Related indicators	39 - Level of health service satisfaction about its relationships with education providers 41 - Learner perceptions about the relationship between their education provider and the health service
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	Not directly actionable. Whatever specific problems might exist that result in dissatisfaction about the relationship, the most obvious means of addressing the issues will, in the first instance, be through improved communication between the partners. Thus, improvements maybe mediated through: <ul style="list-style-type: none"> ▪ Regular meetings between health service and education provider staff. ▪ Each partner providing regular updates to the other about issues involved with delivering clinical education (facilitated through the designated contact point at each organisation). ▪ Exchange of staff between the organisations.

Indicator number	41
Indicator	Learner perceptions about the relationship between their education provider and the health service
Category	Category IV
BPCLE element	Element 4: An effective health service-education provider relationship
BPCLE sub-objective(s)	Mutual respect and understanding exists between the health service and its education provider partner
Indicator type	Outcome
Relevant output	None
Relevant learner levels	This indicator applies to learners at professional entry level (see <i>Definitions</i> on p.4).
Indicator rationale	The assumption underlying this indicator is that learners can provide a meaningful estimation of whether an effective relationship exists between their education provider and the health service at which they are undertaking a clinical placement. That is, where a learner has a positive clinical learning experience (one where the learner is well informed and supported by both organisations), they are likely to rate the health service – education provider relationship positively. Conversely, if the two organisations are not working effectively together, learners are more likely to receive mixed messages about the content and purpose of their clinical placement and feel they are caught between competing agendas of the two organisations, and will therefore rate the relationship less favourably.

Numerator	The number of learners who rate the effectiveness of the relationship favourably (i.e. <i>effective</i> or <i>very effective</i> on a 5-point Likert scale)
Denominator	Total number of learners who responded to the question
Benchmark(s)	The suggested benchmark is 70% of learners who rate the relationship between the health service and education provider as effective.
Specific data collection tools required	<ul style="list-style-type: none"> ▪ Learner survey including the relevant question(s). ▪ A spreadsheet to record numbers of learners in each discipline that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. ▪ If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories (see disaggregation section below).
Information required to support indicator measurement	<p>The learner survey will need to include the following question at a minimum:</p> <ul style="list-style-type: none"> ▪ <i>Overall, how effective would you rate the relationship between the health service organisation and your education provider?</i> [responses on a 5-point Likert scale: <i>very ineffective</i> – <i>ineffective</i> – <i>neither effective nor ineffective</i> – <i>effective</i> – <i>very effective</i>]. <p>It may be necessary to include a preamble to this question, defining what is meant by “the relationship” between the health service and education provider.</p> <p>Other questions can also be included in the learner survey, to gain a more detailed understanding of how the learners rated the relationship, including:</p> <ul style="list-style-type: none"> ▪ Whether the health service was well prepared for the arrival of learners. ▪ Whether there was any disparity between information obtained from the education provider and health service. ▪ How well any problems were dealt with. <p>Surveys should collect sufficient demographic information to allow data to be disaggregated by discipline, as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of learners that nominated each response on the Likert scale.</p> <p>BPCLEtool will automatically calculate the total number of respondents for each discipline for the reporting period and calculate the proportion of the total that answered <i>effective</i> or <i>very effective</i>.</p>
Disaggregation	<p>BPCLEtool will report on data disaggregated by discipline.</p> <p>Depending on how much demographic information is collected through learner surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by education provider.</p>
Issues/comments	<p>This indicator should be interpreted in light of overall learner satisfaction with their clinical placement experience.</p> <p>One issue that may confound the interpretation of this indicator is whether learners are able to accurately discern whether their experiences reflect the nature of the relationship between the health service and the relevant education provider. Furthermore, there is a possibility that learners will make comparisons to previous experiences (good or bad) in rating their current experience, as opposed to making a more objective judgement as to whether the relationship between the partners in the current placement is effective or otherwise.</p>
Related indicators	<p>39 - Level of health service satisfaction about its relationships with education providers</p> <p>40 - Level of education provider satisfaction about its relationships with health services</p>
Other potential uses of this indicator	None suggested

Actions to improve the indicator result	<p>Not directly actionable.</p> <p>Whether any action is taken if this indicator reveals a significant proportion of learners do not believe the relationship is working effectively will depend on whether the two partners also agree there is a problem. If the problem is one of perception of the part of learners, it may be that learner expectations need to be managed better. Alternatively, learners may need to be better informed about the nature of the relationship and how this should reasonably be reflected in the experience of learners.</p> <p>If this indicator is reflecting similar findings from Indicators 39 and 40, then the corrective actions suggested for those indicators will also be appropriate here.</p>
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Indicator number	42
Indicator	Number of clinicians teaching into education provider courses
Category	Category IV
BPCLE element	Element 4: An effective health service-education provider relationship
BPCLE sub-objective(s)	Practical mechanisms are in place to assist each partner to optimise their contribution to the training of health professionals
Indicator type	Structural
Relevant outputs	<ul style="list-style-type: none"> ▪ Clinicians teaching into education provider courses ▪ Clinician educators with enhanced skills
Relevant learner levels	<p>Not applicable</p> <p>This indicator relates to the activities of clinical staff that are not directly related to particular learner groups.</p>
Indicator rationale	<p>In the same way as there is value in having individuals with significant educational expertise teaching in clinical environments, there is also considerable value in having individuals with current clinical expertise teaching in non-clinical environments. It is not a prerequisite of an effective health service-education provider relationship for this exchange of expertise to occur. However, it is a measure of a mature and mutually beneficial relationship that an education provider will seek, where practicable and appropriate, to have clinicians employed by the health service teaching into non-clinical components of courses, and for the health service to actively encourage this two-way exchange as well. Therefore, this indicator reflects the extent to which the exchange of expertise is bi-directional between the partners.</p>
Numerator	The number of clinical staff that have undertaken at least one teaching activity in a course at an education provider partner in the past 12 months
Denominator	Not applicable
Benchmark(s)	<p>None suggested</p> <p>This indicator is not recommended for benchmarking because there are many legitimate reasons why no clinical staff of the organisation may currently be teaching into education provider courses.</p>
Specific data collection tools required	<ul style="list-style-type: none"> ▪ A register (spreadsheet) of clinical staff members.
Information required to support indicator measurement	<p>For the purposes of this indicator:</p> <ul style="list-style-type: none"> ▪ <i>Clinicians</i> – are employees of the organisation responsible for the provision of health or social care services to patients or clients, but not including visiting medical officers (VMOs). ▪ <i>Teaching into education provider courses</i> – refers to activities conducted at the education provider campus (i.e. not at the health service site) that are not part of a clinical placement. Activities may include lecturing, tutoring, clinical skills demonstrator, etc. <p>The register of clinical staff members should include fields for recording the following information:</p> <ul style="list-style-type: none"> ▪ Education provider for whom the teaching was delivered. ▪ Course title. ▪ Unit title and code.

	<ul style="list-style-type: none"> Dates when teaching activities were undertaken. Nature of teaching activities. <p>Using a register (such as the register provided in the BPCLEtool Indicator Data Collector workbook) to record this information is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p>
BPCLEtool data entry	For each discipline that is monitoring this indicator, enter the total number of clinicians who have undertaken at least one teaching activity at an education provider partner in the last 12 months.
Disaggregation	BPCLEtool will report on data disaggregated by discipline. Organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by education provider.
Issues/comments	There are many legitimate reasons why clinicians do not teach into non-clinical components of courses, including lack of time and the geographical distance between the organisation and its education provider partners. Furthermore, an education provider might place its learners at a large number of organisations, but may only require one or two clinicians to teach into the on-campus components of the course. Under such circumstances, it will not be possible for all the education provider's partners to contribute to the non-clinical teaching. Therefore, while it might be desirable for the two-way exchange of expertise to occur, the fact that it does not cannot be interpreted as a reflection on the relationship in any individual instance.
Related indicators	43 - Number of health service educators receiving training from the education provider partner to develop their educational skills
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	Not directly actionable. No actions suggested.

Indicator number	43
Indicator	Number of health service educators receiving training from the education provider partner to develop their educational skills
Category	Category IV
BPCLE element	Element 4: An effective health service-education provider relationship
BPCLE sub-objective(s)	Practical mechanisms are in place to assist each partner to optimise their contribution to the training of health professionals
Indicator type	Structural
Relevant output	<ul style="list-style-type: none"> Clinical educators with enhanced skills
Relevant learner levels	This indicator relates to staff involved in the education and training of any learner level.
Indicator rationale	<p>The major factor contributing to learner satisfaction with their clinical education is the <i>quality of supervision</i>. Moreover, learners are more likely to achieve their clinical learning objectives if the clinical educators are highly skilled in their educational roles. Therefore, it is in the interests of education providers that health services are supported in the delivery of clinical education, including through the development of educational skills amongst clinical education staff. This ensures all staff that contribute to the delivery of clinical education are suitably trained for the task, understand educational principles, are resourced to enable fulfilment of the educator role and are adequately prepared.</p> <p>This indicator measures the extent to which education providers are supporting their health service partners through the provision of training for educational skill development.</p>
Numerator	The number of staff involved in clinical education who received at least one education-related training session from an education provider partner in the last 12 months
Denominator	The total number of staff involved in clinical education who have

	undertaken at least one education-related training session over the last 12 months
Benchmark(s)	<p>None suggested</p> <p>This indicator is not recommended for benchmarking because there are many legitimate reasons why no staff involved in clinical education may have undertaken educational skill training through an education provider partner during the reporting period.</p>
Specific data collection tools required	<ul style="list-style-type: none"> HR system/database (or register of staff involved in clinical education) that includes fields for recording information about the category of education-related roles or responsibilities (i.e. clinical educator, primary, secondary or support) and the training undertaken by the individual
Information required to support indicator measurement	<p>For the purposes of this indicator, <i>staff involved in clinical education</i> includes staff in three education role categories (see <i>Definitions</i> on p.4), namely:</p> <ul style="list-style-type: none"> Clinical educator Primary involvement Secondary involvement <p><i>Education-related training</i> – refers to generic educator skills (such as provision of feedback or assessing learners), as opposed to the specific information relevant to a particular cohort of learners (such as completion of specific assessment tools, learning objectives for the specific clinical placement, etc).</p> <p>The HR database or register of staff members should include fields for recording the following information:</p> <ul style="list-style-type: none"> Educational skill development program title. Level of award or qualification (if relevant). Date(s) training was undertaken. Education/training provider that offered the program and whether the provider is also a partner in the delivery of clinical education.
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, report the total number of staff in each education role category that have undertaken education-related training in the last 12 months, as well as the number of those staff whose training was provided by an education provider partner. Organisations only have to report data for staff categories for which they have collected data.</p> <p>BPCLEtool will automatically calculate the proportion of staff whose education-related training was provided by a partner institution.</p>
Disaggregation	BPCLEtool will report on data disaggregated by discipline and staff category.
Issues/comments	<p>This indicator reveals <i>added</i> value, as opposed to <i>basic</i> value, in the relationship between health services and education providers. While it is important for all staff involved in clinical education to have ongoing training for their role, it is not particularly important that they receive this training from an education provider partner. Furthermore, it is not possible for organisations to have such a relationship with every education provider partner, and therefore this cannot be seen as a prerequisite for an effective relationship.</p> <p>Moreover, there are numerous external factors that could explain the variances in the proportion of staff that attend training provided by particular education provider partners. These include the geographical distance between the organisation and the education provider, and whether a given education provider offers the particular training that is needed.</p> <p>Another factor that may confound the interpretation of results for this indicator is the reliance upon self-reporting by staff of the instances where they have attended training provided by an education provider partner.</p>
Related indicators	42 - Number of clinicians teaching into education provider courses
Other potential uses of this indicator	The data collected for this indicator could contribute to performance management processes with staff, for reporting on professional development activities.

Actions to improve the indicator result	Not directly actionable. No actions suggested.
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Indicator number	44
Indicator	Existence of an up-to-date point of contact within the health service and within the education provider
Category	Category I
BPCLE element	Element 4: An effective health service-education provider relationship
BPCLE sub-objective(s)	Open communication occurs at all levels of the partner organisations
Indicator type	Structural
Relevant outputs	<ul style="list-style-type: none"> Meeting minutes and summary of agreed actions Communication channels at each level of the organisation
Relevant learner levels	This indicator applies to relationship agreements that relate to learners at professional entry level (see <i>Definitions</i> on p.4).
Indicator rationale	The relationship between a health service and education provider is dependent upon the extent and quality of communication that takes place between the relevant staff members of both organisations. Having designated points of contact within each organisation is a structure to facilitate communication between the two organisations. It also provides a conduit for processes involving exchange of information or resources, as well as a known starting point if there are problems or concerns requiring a timely response. This indicator demonstrates the commitment of both organisations in the partnership to establishing and maintaining open lines of communication.
Numerator	The number of relationship agreements that include up-to-date contact details for designated individuals within both organisations
Denominator	The total number of relationship agreements held by the organisation
Benchmark(s)	The suggested benchmark is 100%.
Specific data collection tools required	<ul style="list-style-type: none"> Register of clinical placement relationships
Information required to support indicator measurement	<p>Each relationship should be recorded in the register, with separate sub-records for each discipline and year level as appropriate. The register should include fields indicating:</p> <ul style="list-style-type: none"> The disciplines covered by the arrangement. Whether the arrangement is covered by a formal agreement. When the arrangement/agreement was last negotiated. When the arrangement/agreement is next due for re-negotiation. A checklist of items that may or may not be included in the agreement. <p>Using a register (such as the register provided in the BPCLEtool Indicator Data Collector workbook) to record this information is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the following information:</p> <ul style="list-style-type: none"> The number of placement partnerships that exist. The number of placement partnerships that are covered by a relationship agreement. The number of those relationship agreements that include up-to-date contact details for designated individuals within both organisations. <p>BPCLEtool will automatically calculate the proportion of placement partnerships covered by relationship agreements that include up-to-date contact details for designated individuals within both organisations.</p>
Disaggregation	BPCLEtool will report on data disaggregated by discipline.

Issues/comments	It should be noted that the Victorian Department of Health and Human Services (DHHS) has developed a Student Placement Agreement (SPA) template that provides the key elements of relationship agreements, and which partners can adapt to their individual circumstances. The SPA template makes specific reference to the "Health service Contact Person" and the "Education Provider Contact Person". The use of the SPA template ensures that contact individuals are identified at each of the partner organisations, but this indicator addresses whether the contact information is kept up-to-date, which is essential if the relationship agreement is to operate effectively.
Related indicators	45 - Effectiveness of mechanisms for resolving issues and concerns
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	Directly actionable. The lack of up-to-date contact details for designated individuals within both organisations can be easily remedied.

Indicator number	45
Indicator	Effectiveness of mechanisms for resolving issues and concerns
Category	Category IV
BPCLE element	Element 4: An effective health service-education provider relationship
BPCLE sub-objective(s)	Open communication occurs at all levels of the partner organisations
Indicator type	Structural/Process
Relevant output	<ul style="list-style-type: none"> Communication channels at each level of the organisation
Relevant learner levels	This indicator applies to relationships with education providers that relate to learners at professional entry level (see <i>Definitions</i> on p.4).
Indicator rationale	<p>It is important in any relationship between two organisations for there to be appropriate mechanisms by which issues, concerns and disputes can be resolved. These mechanisms should be clearly documented (preferably within relationship agreements) and reinforced with the relevant staff within both organisations.</p> <p>The Student Placement Agreement (SPA) template developed by the Victorian Department of Health and Human Services (DHHS) recognises the importance of this issue. The SPA includes a clause that details a generic dispute resolution mechanism for use between a health service and its education provider partner.</p>
Numerator	The number of staff who manage relationships with education providers that rate the mechanisms for resolving issues and concerns as <i>effective</i> or <i>very effective</i>
Denominator	The number of staff that responded to the question
Benchmark(s)	None suggested
Specific data collection tools required	<ul style="list-style-type: none"> Staff survey including relevant question(s). A spreadsheet to record numbers of staff in each discipline that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories (see disaggregation section below).
Information required to support indicator measurement	<p>This indicator will require barrier questions that ask staff</p> <ol style="list-style-type: none"> (1) Whether they are responsible for managing relationships with education provider partners; and if "yes" (2) Whether they have had issues or concerns that required resolution with education provider partners. <p>Staff answering yes to both questions will then be directed to the following question:</p>

	<ul style="list-style-type: none"> Overall, how would you rate the effectiveness of the dispute resolution mechanisms that exist within relationship agreements with your education provider partners? [responses on a 5-point Likert scale: very ineffective – ineffective – neither effective nor ineffective – effective – very effective] <p>Organisations may choose to include further questions in the survey, to gain a more detailed understanding of the factors influencing the overall rating given by staff in respect of the dispute resolution mechanisms.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of responses for each rating on the Likert scale.</p> <p>BPCLEtool will automatically calculate the total number of responses for each discipline for the reporting period and calculate the proportion of the total that answered <i>effective</i> or <i>very effective</i>.</p>
Disaggregation	BPCLEtool will report on data disaggregated by discipline.
Issues/comments	<p>Staff that are responsible for managing relationships with education providers may not be aware of all the provisions of the relationship agreement, including the precise mechanism for resolving issues or conflicts. Therefore, their response to the survey question may reflect whether they believe issues were resolved satisfactorily, rather than whether the issue resolution mechanism <i>per se</i> was effective.</p> <p>It should also be noted that response rates for this indicator are likely to be low, since many staff may not answer yes to both barrier questions.</p>
Related indicators	<p>39 - Level of health service satisfaction about its relationships with education providers</p> <p>40 - Level of education provider satisfaction about its relationships with health services</p> <p>46 - The existence of KPIs that allow the partners to evaluate key aspects of the relationship</p>
Other potential uses of this indicator	This indicator could provide useful information for internal benchmarking of all dispute resolution processes used within the organisation for internal or external relationships.
Actions to improve the indicator result	<p>Not directly actionable.</p> <p>If the staff survey reveals poor ratings for the effectiveness of the dispute resolution mechanisms, this will require further investigation and discussion with the relevant education provider partners.</p>

Indicator number	46
Indicator	The existence of KPIs that allow the partners to evaluate key aspects of the relationship
Category	Category I (Externally reportable in Victoria)
BPCLE element	Element 4: An effective health service-education provider relationship
BPCLE sub-objective(s)	Relationship agreements codify expectations and responsibilities of the partners in the delivery of clinical education
Indicator type	Structural
Relevant output	<ul style="list-style-type: none"> Partnership agreement covering all aspects of the relationship
Relevant learner levels	This indicator applies to relationships with education providers that relate to learners at professional entry level (see <i>Definitions</i> on p.4).
Indicator rationale	<p>While it may be possible to have an effective health service-education provider relationship without the existence of a formal relationship agreement, the increasing complexity and demands of organising and delivering clinical placements are challenging the <i>ad hoc</i> arrangements that have worked in the past. The codification of all aspects of the relationship – including accountability and monitoring of outcomes – ensures the opportunities for misunderstandings are minimised and the overall relationship is less dependent on the continuity of personal relationships. This indicator measures the extent to which organisations have put in place key performance indicators (KPI) to evaluate key aspects of their relationships with their education provider partners.</p>
Numerator	The number of partnerships that have associated KPIs for evaluating key

	aspects of the relationship
Denominator	The total number of partnerships
Benchmark(s)	The suggested benchmark is 100%, since every partnership should have a mechanism to evaluate the relationship.
Specific data collection tools required	<ul style="list-style-type: none"> Register of clinical placement relationships.
Information required to support indicator measurement	<p>Each relationship should be recorded in the register, with separate sub-records for each discipline and year level as appropriate. The register should include fields indicating:</p> <ul style="list-style-type: none"> The disciplines covered by the arrangement. Whether the arrangement is covered by a formal agreement. When the arrangement/agreement was last negotiated. When the arrangement/agreement is next due for re-negotiation. A checklist of items that may or may not be included in the agreement. <p>Using a register (such as the register provided in the BPCLEtool Indicator Data Collector workbook) to record this information is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the following information:</p> <ul style="list-style-type: none"> The number of placement partnerships that exist. The number of placement partnerships that are covered by a relationship agreement. The number of placement partnerships that have KPIs that allow the partners to evaluate key aspects of the partnership. <p>BPCLEtool will automatically calculate the proportion of placement partnerships that have KPIs to evaluate key aspects of the partnership.</p>
Disaggregation	BPCLEtool will report on data disaggregated by discipline.
Issues/comments	<p>Many organisations do not have formalised relationship agreements with their education provider partners, but such relationships may still have a set of KPIs by which the conduct and outcomes of the partnership are evaluated.</p> <p>Indeed, even where formal relationship agreements are in place, e.g. partners that are using the Student Placement Agreement (SPA) template developed by the Victorian Department of Health and Human Services (DHHS), the agreed KPIs do not have to be codified within the agreement.</p>
Related indicators	<p>25 - Relationship agreement includes protocols for exchange of information on educational objectives, assessment and knowledge and proficiency level of learners</p> <p>55 - Relationship agreements cover issues relating to learner accommodation and support</p>
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	<p>Directly actionable.</p> <p>The absence of KPIs can be remedied by working with education provider partners to identify the key aspects of the relationship and develop mutually agreed targets for performance by both partners. Once a set of KPIs has been developed for one relationship, it may be possible to adapt those measures for use in other contexts.</p>

Element 5: Effective communication processes

Indicator number	47
Indicator	Stakeholder perceptions of communication practices and outcomes
Category	Category IV
BPCLE element	Element 5: Effective communication processes
BPCLE sub-objective(s)	Communication informs actions, behaviours and decision-making

	Communication facilitates improved teaching and learning
Indicator type	Outcome
Relevant outputs	<ul style="list-style-type: none"> Results of stakeholder satisfaction surveys with respect to communication practices and outcomes Reports, recommendations and details of actions taken with respect to improvement of clinical teaching and learning activities
Relevant learner levels	This indicator is relevant to learners at any level, although the only learner group that is specifically targeted for their perceptions is professional entry learners (see <i>Definitions</i> on p.4). Post-registration learners will be able to provide their views through staff surveys, although their perceptions will reflect their experiences both as learners and as educators of others.
Indicator rationale	Effective communication underpins each element of the BPCLE Framework and it is therefore important to understand which communication practices are working effectively and which may require improvement. Objective measurement is difficult and would require some independent observation of the communication that takes place between the relevant stakeholders; this would be a time consuming and expensive exercise that would not be practical for organisations. A proxy measure can be achieved by asking the relevant stakeholders for their perceptions of the effectiveness of communication within the clinical education context. For this indicator, the focus is upon measuring whether communication practices are facilitating improved teaching and learning.
Numerator	Number of respondents (within each stakeholder group) that rate the effectiveness of communications practices in facilitating improved teaching and learning favourably (i.e. <i>effective</i> or <i>very effective</i> on a 5-point Likert scale)
Denominator	Total number of respondents (within each stakeholder survey) who responded to the question
Benchmark(s)	The suggested benchmark is 70% of respondents rating the communication practices as effective.
Specific data collection tools required	<ul style="list-style-type: none"> Surveys of stakeholder groups, including the relevant question(s) <ul style="list-style-type: none"> Staff involved in clinical education Professional entry learners Education provider staff A spreadsheet to record numbers of stakeholders in each discipline that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories.
Information required to support indicator measurement	<p>For the purposes of this indicator:</p> <p><i>Stakeholder</i> is defined as any person who has a direct or indirect stake in clinical education within either the organisation or its education provider partners, and who can affect or be affected by the conduct of clinical education activities.</p> <p><i>Staff involved in clinical education</i> includes staff in all four education role categories (see <i>Definitions</i> on p.4), namely:</p> <ul style="list-style-type: none"> Clinical educator Primary involvement Secondary involvement Support <p><i>Communication practices</i> include any method by which information is provided and people interact (including the provision of direction, advice, support and feedback) within the organisation. This will include both verbal (face-to face, public address systems, telecommunications, etc) and non-verbal (e.g. written advice, emails, policy documents, posters on noticeboards, etc).</p> <p>The following question will need to be included in stakeholder surveys:</p>

	<ul style="list-style-type: none"> Overall, how effective are the existing communication practices within [organisation] in terms of facilitating teaching and learning for clinical learners? [responses on a 5-point Likert scale: <i>very ineffective</i> – <i>ineffective</i> – <i>neither effective nor ineffective</i> – <i>effective</i> – <i>very effective</i>] <p>To assist in the interpretation of this indicator, qualitative information about which specific components of communication practices are working, or are not working effectively, could also be collected through the inclusion of open text response fields.</p> <p>Surveys should collect sufficient demographic information to allow data to be disaggregated by discipline, as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results. For example:</p> <ul style="list-style-type: none"> Learner surveys should collect information on education provider and work area in which the learner was placed. Staff surveys should collect information on staff category and whether the individual was enrolled in a formal training program during the reporting period.
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of respondents in each stakeholder group (learners, staff and education providers) that nominated each response on the Likert scale. Organisations only have to report data for stakeholder groups for which they have collected data.</p> <p>BPCLEtool will automatically calculate the total number of respondents for each stakeholder group for each discipline for the reporting period and calculate the proportion of the total that answered <i>effective</i> or <i>very effective</i>.</p>
Disaggregation	BPCLEtool will report on data disaggregated by discipline and stakeholder category.
Issues/comments	This assessment is necessarily subjective and there is a possibility that survey respondents may conflate the nature (or content) of the communication with the practices and outcomes of communication.
Related indicators	<p>49 – Perceptions of clinical education staff on feedback</p> <p>50 – Learner satisfaction with feedback processes during their clinical learning experience</p>
Other potential uses of this indicator	Information from this indicator could contribute to other organisation-wide reviews of communication practices.
Actions to improve the indicator result	<p>Not directly actionable.</p> <p>Corrective action would require the organisation to collect more data on the specific communication areas and processes that have been identified as requiring improvement.</p>

Indicator number	48
Indicator	Existence of feedback mechanisms and measures
Category	Category IV
BPCLE element	Element 5: Effective communication processes
BPCLE sub-objective(s)	Communication facilitates feedback
Indicator type	Structural
Relevant output	None
Relevant learner levels	<p>Not applicable</p> <p>This indicator relates to organisational policies on communication and therefore does not apply to particular learner groups.</p>
Indicator rationale	<p>It is widely accepted that provision of timely and effective feedback is vital for the ongoing development of staff and learners involved in clinical education. For this to occur routinely and consistently, the organisation requires documented guidance in relation to feedback, underpinned by appropriate policies, to guide effective exchange of feedback (primarily between staff and learners, but can also include feedback given and received between staff members and between learners). The indicator measures the extent to which feedback mechanisms and measures are</p>

	documented within the health service.
Numerator	The indicator requires either a “yes” or “no” response
Denominator	Not applicable
Benchmark(s)	None suggested
Specific data collection tools required	<ul style="list-style-type: none"> ▪ A register (spreadsheet) of the organisation’s policies and protocols
Information required to support indicator measurement	<p>For each policy/protocol, the following information should be recorded:</p> <ul style="list-style-type: none"> ▪ Document title and version number. ▪ Purpose (i.e. what the policy/protocol is to be used for; which learners it is applicable to, etc). ▪ Source (i.e. who developed the policy/protocol). ▪ Format (e.g. hard copy <i>versus</i> electronic). ▪ Date of last review/revision. ▪ Date of next review/revision. ▪ Accessibility (i.e. where the policy/protocol can be found). <p>Using a register (such as the register provided in the BPCLEtool Indicator Data Collector workbook) to record this information is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p>
BPCLEtool data entry	Answer “yes” or “no” to the question: “Does the organisation's policy and protocol documentation include guidance on effective communication, particularly in relation to giving and receiving feedback?”
Disaggregation	BPCLEtool does not disaggregate the result.
Issues/comments	<p>The existence of feedback mechanisms and measures is necessary but not sufficient to ensure that feedback will be given and received in an appropriate and effective manner. Therefore this indicator should be interpreted in light of stakeholder perceptions of communication processes (Indicator 47).</p> <p>This indicator is likely to be a suitable as a KPI for inclusion in relationship agreements with education provider partners.</p> <p>It is anticipated the emphasis of this indicator may change in the future, for example to measure more qualitative aspects of feedback mechanisms.</p>
Related indicators	<p>49 - Perceptions of clinical education staff on feedback</p> <p>50 – Learner satisfaction with feedback processes during their clinical learning experience</p>
Other potential uses of this indicator	Information from this indicator could contribute to a broader understanding of organisation-wide communication practices.
Actions to improve the indicator result	<p>Directly actionable.</p> <p>If documented mechanisms and measures in relation to feedback do not exist within the organisation, this will need to be addressed through the organisation’s policy/protocol development mechanisms.</p>

Indicator number	49
Indicator	Perceptions of clinical education staff on feedback
Category	Category I
BPCLE element	Element 5: Effective communication processes
BPCLE sub-objective(s)	Communication facilitates feedback
Indicator type	Outcome
Relevant outputs	<ul style="list-style-type: none"> ▪ Register of learners that records provision and receipt of feedback during their program ▪ Documented feedback on staff provided by learners
Relevant learner levels	This indicator relates to staff involved in the education and training of any learner level.
Indicator rationale	Measuring the satisfaction of stakeholders with the feedback processes within the organisation provides an outcome measure for whether

	communication processes are effectively facilitating feedback. While the emphasis is usually on ensuring learners receive timely and constructive feedback, it is also important for the staff involved in clinical education to receive feedback about their performance. This includes feedback from both learners and other staff within the health service.
Numerator	<p>There are three components to this indicator:</p> <ol style="list-style-type: none"> (1) How clinical education staff perceive the process of providing feedback to learners; (2) How clinical education staff perceive the process of receiving feedback from learners; and (3) How clinical education staff perceive the process of receiving feedback from other staff. <p>Accordingly, three different numerators are required:</p> <ol style="list-style-type: none"> (1) The number of clinical education staff that are satisfied with the process of providing feedback to learners (i.e. <i>satisfied</i> or <i>very satisfied</i> on a 5-point Likert scale) (2) The number of clinical education staff that are satisfied with the process of receiving feedback from learners (i.e. <i>satisfied</i> or <i>very satisfied</i> on a 5-point Likert scale) (3) The number of clinical education staff that are satisfied with the process of receiving feedback from other staff (i.e. <i>satisfied</i> or <i>very satisfied</i> on a 5-point Likert scale)
Denominator	<p>The denominator for all numerators is:</p> <ul style="list-style-type: none"> ▪ The total number of staff who responded to each question, respectively
Benchmark(s)	The suggested benchmark is 70% of clinical education staff rating the provision or receipt of feedback in the clinical education context favourably.
Specific data collection tools required	<ul style="list-style-type: none"> ▪ Staff survey including relevant question(s). ▪ A spreadsheet to record numbers of staff in each discipline and role category that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. ▪ If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories (see disaggregation section below).
Information required to support indicator measurement	<p>For the purposes of this indicator, <i>clinical education staff</i> includes staff in two education role categories (see <i>Definitions</i> on p.4), namely:</p> <ul style="list-style-type: none"> ▪ Clinical educator ▪ Primary involvement <p>Staff surveys will need to include the following questions:</p> <ul style="list-style-type: none"> ▪ <i>Overall, how satisfied are you with the process by which you provided feedback to your learners?</i> ▪ <i>Overall, how satisfied are you with the process by which learners provided feedback to you?</i> ▪ <i>Overall, how satisfied are you with the process by which other staff of the organisation (primarily your line manager) provided feedback to you?</i> <p>A 5-point Likert scale is recommended for responses: <i>very dissatisfied</i> – <i>dissatisfied</i> – <i>neither satisfied nor dissatisfied</i> – <i>satisfied</i> – <i>very satisfied</i>. The introduction to these questions should emphasise that responses are sought on the <i>process</i> of feedback, rather than the specific <i>content</i> of feedback.</p> <p>Other questions/statements can also be included in the survey, to gain a more detailed understanding of the factors influencing the overall rating. Surveys should collect sufficient demographic information to allow data to be disaggregated by discipline and staff category (i.e. clinical educator or primary involvement), as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p>
BPCLEtool data entry	For each discipline that is monitoring this indicator, enter the total number

	<p>of staff in each staff category in that reporting period that nominated each response on the Likert scale for each question. Organisations only have to report data for staff categories for which they have collected data.</p> <p>For each question, BPCLEtool will automatically calculate the total number of respondents (for each discipline and staff category) for the reporting period and calculate the proportion of the total that answered <i>satisfied</i> or <i>very satisfied</i>.</p>
Disaggregation	<p>BPCLEtool will report on data disaggregated by discipline and staff category.</p> <p>Depending on how much information is collected through staff surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by clinical area (for larger organisations), or by age, gender, cultural background, etc, as these factors can influence how individuals perceive or participate in feedback processes.</p>
Issues/comments	One issue that may confound the interpretation of this indicator is whether respondents are able to distinguish between the nature (or content) of the feedback and the process by which the feedback is delivered.
Related indicators	<p>48 – Existence of feedback mechanisms and measures</p> <p>50 – Learner satisfaction with feedback processes during their clinical learning experience</p>
Other potential uses of this indicator	The questions used to collect data for this indicator could be used to capture the views on feedback processes more broadly from all staff within the organisation.
Actions to improve the indicator result	<p>Directly actionable.</p> <p>If there is significant dissatisfaction expressed by staff with the feedback mechanisms, a number of potential actions could be implemented:</p> <ul style="list-style-type: none"> ▪ Staff training on giving and receiving feedback. ▪ Increased management support for individuals throughout the process. ▪ Mentoring of staff who may have limited experience of giving and receiving feedback.

Indicator number	50
Indicator	Learner satisfaction with feedback processes during their clinical learning experience
Category	Category I
BPCLE element	Element 5: Effective communication processes
BPCLE sub-objective(s)	Communication facilitates feedback
Indicator type	Outcome
Relevant outputs	<ul style="list-style-type: none"> ▪ Reports and recommendations from reviews of communication practices ▪ Register of learners that records provision and receipt of feedback during their program.
Relevant learner levels	<p>This indicator applies to all learner levels (see <i>Definitions</i> on p.4), namely:</p> <ul style="list-style-type: none"> ▪ Professional entry learners ▪ Early graduate learners ▪ Vocational/postgraduate learners ▪ CPD learners
Indicator rationale	Research with learners has demonstrated that the provision of timely and well-structured feedback is a key feature of a positive clinical learning environment. Therefore, learners provide an important perspective on feedback in the overall context of communication. This indicator provides an outcome measure for whether communication processes are effectively facilitating feedback.
Numerator	<p>There are two components to this indicator:</p> <p>(1) How learners perceive the process of clinical education staff providing feedback to them;</p> <p>(2) How learners perceive the process of providing feedback to clinical education staff.</p>

	<p>Accordingly, two different numerators are required:</p> <p>(1) The number of learners that are satisfied with the process of clinical education staff providing feedback to them (i.e. <i>satisfied</i> or <i>very satisfied</i> on a 5-point Likert scale)</p> <p>(2) The number of learners that are satisfied with the process of providing feedback to clinical education (i.e. <i>satisfied</i> or <i>very satisfied</i> on a 5-point Likert scale)</p>
Denominator	<p>The denominator for both numerators is:</p> <ul style="list-style-type: none"> The total number of learners who responded to each question, respectively
Benchmark(s)	<p>The suggested benchmark is 70% of learners rating the provision or receipt of feedback in the clinical education context favourably.</p>
Specific data collection tools required	<ul style="list-style-type: none"> Learner survey including the relevant question(s). Staff survey including relevant question(s), to obtain responses from early graduate, vocational/postgraduate and CPD learners. A spreadsheet to record numbers of learners at each learner level in each discipline that nominate each response. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories.
Information required to support indicator measurement	<p>Surveys will need to include the following questions:</p> <ul style="list-style-type: none"> <i>Overall, how satisfied were you with the process by which clinical education staff provided feedback to you?</i> <i>Overall, how satisfied were you with the process by which you provided feedback to your clinical education staff?</i> <p>A 5-point Likert scale is recommended for responses: <i>very dissatisfied</i> – <i>dissatisfied</i> – <i>neither satisfied nor dissatisfied</i> – <i>satisfied</i> – <i>very satisfied</i>. The introduction to these questions should emphasise that responses are sought on the <i>process</i> of feedback, rather than the specific <i>content</i> of feedback.</p> <p>Other questions/statements can also be included in the survey, to gain a more detailed understanding of the factors influencing the overall rating. Surveys should collect sufficient demographic information to allow data to be disaggregated by discipline and learner level (i.e. professional entry, early graduate, vocational/postgraduate or CPD), as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of learners at each learner level that nominated each response on the Likert scale. Organisations only have to report data for learner levels for which they have collected data.</p> <p>BPCLEtool will automatically calculate the total number of respondents for each discipline and learner level for the reporting period and calculate the proportion of the total that answered <i>satisfied</i> or <i>very satisfied</i>.</p>
Disaggregation	<p>BPCLEtool will report on data disaggregated by discipline and learner level. Depending on how much information is collected through learner surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by clinical area (for larger organisations), or by age, gender, cultural background, etc, as these factors can influence how individuals perceive or participate in feedback processes.</p>
Issues/comments	<p>This assessment is necessarily subjective and there is a possibility that learners may not distinguish between the nature (or content) of the feedback and the process by which the feedback is delivered.</p> <p>The results of this indicator should be considered in conjunction with the results from Indicator 49 (<i>Staff perceptions on feedback</i>) to determine if there is any correlation between the perceptions of staff and learners about the bi-directional feedback processes.</p>

	It is worth noting that these questions in the learner survey are in themselves part of the mechanism by which learners can provide feedback.
Related indicators	48 – Existence of feedback mechanisms and measures 49 – Perceptions of clinical education staff on feedback
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	Directly actionable. Improvements to address learner dissatisfaction with the feedback process will depend on the specific areas of concern highlighted; however, it is likely that improvements will need to be centred on: <ul style="list-style-type: none"> Improving the communication skills of both learners and clinical educators. Improving the structure by which feedback is delivered within the clinical learning context.

Indicator number	51
Indicator	The organisation provides formal opportunities for training in communication skills
Category	Category IV
BPCLE element	Element 5: Effective communication processes
BPCLE sub-objective(s)	Communication is not taken for granted by the organisation
Indicator type	Process
Relevant outputs	<ul style="list-style-type: none"> Staff have competency in communication skills Budget for communication training is expended
Relevant learner levels	Not applicable This indicator relates to training opportunities available to staff that are not directly related to particular learner groups.
Indicator rationale	Effective communication underpins each of the elements within the BPCLE Framework. It is important for organisations not to assume that all their staff will have the necessary communication skills to deliver quality clinical education experiences for learners. Therefore, opportunities must be provided for staff to develop their communication skills, for example, through formal training activities. For this strategy to succeed, this not only requires that opportunities be made available, but that staff be given both time and encouragement to take advantage of the training opportunities. This indicator measures whether the organisation is prepared to commit time and resources to the development of communication skills amongst its staff.
Numerator	There are two components to this indicator: (1) Whether the organisation provides formal opportunities for training in communication skills; and (2) Whether staff are utilising those training opportunities. Accordingly two numerators are required: (1) The number of staff reporting that formal opportunities were available for training in communication skills (2) The number of staff indicating they had accessed at least one of those opportunities
Denominator	The corresponding denominators are: (1) The number of staff that responded to the question (2) The number of staff that answered "yes" to the first question
Benchmark(s)	None suggested
Specific data collection tools required	<ul style="list-style-type: none"> Staff survey including relevant question(s). A spreadsheet to record numbers of staff in each discipline that nominate each response. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet.

	<ul style="list-style-type: none"> If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories.
Information required to support indicator measurement	<p>Staff surveys will need to include the following questions:</p> <p>(1) <i>Does the organisation provide formal opportunities for staff to undertake training to develop their communication skills?</i></p> <p>For those answering yes to this question, a follow-up question will be asked:</p> <p>(2) <i>Did you access at least one of those training opportunities during the last 12 months?</i></p> <p>If necessary, a brief introductory explanation should be included to provide examples of <i>training in communication skills</i>, including: giving and receiving feedback; how to have difficult conversations; improving skills in negotiation and mediation; reading non-verbal communication; communicating as a preceptor.</p> <p>The focus of the indicator is on <i>formal</i> training opportunities, which include structured workshops, short courses, certified programs and CPD sessions. Informal training opportunities, such as staff meetings and debriefing sessions or <i>teaching on the run</i> sessions, should not be counted.</p> <p>Other questions/statements can also be included in the survey, to gain a more detailed understanding of why staff are not accessing training opportunities, where opportunities have been identified as being available.</p> <p>Surveys should collect sufficient demographic information to allow data to be disaggregated by discipline and staff category, as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results. Note that any member of staff may respond to these questions (i.e. not just those staff that are involved in clinical education).</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of staff that answer “yes” and “no” for each question. Since question (2) <i>Use of Training Opportunities</i> should only be answered by individuals that answered “yes” to question (1) <i>Awareness of Training Opportunities</i>, the total number of respondents (i.e. “yes” + “no”) for question (2) should be the same as the number that answered “yes” to question (1).</p> <p>BPCLEtool will automatically calculate the proportion of staff that are aware of training opportunities for communication skills, as well as the proportion of staff that have accessed those opportunities.</p>
Disaggregation	<p>BPCLEtool will report on data disaggregated by discipline.</p> <p>Depending on how much demographic information is collected through staff surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by clinical area/department and staff category (including the level of involvement in clinical education).</p>
Issues/comments	<p>It is very likely this indicator will under-report the availability of training opportunities, since communication skills may not be the only (or the major) focus of formal training programs staff participate in. Therefore, this indicator will rely to a large extent on self-reporting by staff and on the recognition by staff that a training program includes a communication skill development component. Thus, it is possible that a low proportion of staff may indicate their awareness of opportunities for training in communication skills, whereas a number of such opportunities may actually exist.</p>
Related indicators	<p>7 - Proportion of staff involved in clinical education that access professional development in education each year</p> <p>16 - Proportion of clinical staff accessing clinical professional development activities each year</p>
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	<p>Actionable.</p> <p>Corrective action will depend largely on the reasons identified by staff for why they are not accessing opportunities (if these are available but not being taken) and whether staff perceptions about the availability of opportunities for training in communication skills reflect the reality. If</p>

	<p>opportunities for this training exist but are not being utilised, actions to improve the result might include:</p> <ul style="list-style-type: none"> • Encouraging more staff to undertake professional development. • Supporting professional development through provision of study leave and/or time off and/or staff rostering. • Offering professional development activities at times when activities can be attended by staff. • Allocating a larger proportion of the organisation's budget to communication skill development activities.
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Element 6: Appropriate resources and facilities

Indicator number	52
Indicator	Clinical education staff satisfaction with respect to access to IT and internet within their organisation
Category	Category II
BPCLE element	Element 6: Appropriate resources and facilities
BPCLE sub-objective(s)	Learners and staff have access to the facilities and materials needed to optimise the clinical learning experience
Indicator type	Outcome
Relevant outputs	<ul style="list-style-type: none"> ▪ Results of stakeholder satisfaction surveys with respect to resources ▪ Budget allocated for resources is spent on resources
Relevant learner levels	This indicator relates to staff involved in the education and training of any learner level.
Indicator rationale	Information technology (IT) is now integral to both clinical practice and clinical education. Indeed, many resources and documents provided by education/training providers are likely to require access to IT and internet, while communication between clinical educators and education providers on organisational matters requires email and internet access. Thus, the ability of clinical education staff to access IT and the internet will directly impact on the level of clinical educator preparedness and the overall quality of clinical education within the organisation. This indicator measures whether staff perceive their IT access is sufficient to support their activities, including their educational role.
Numerator	<p>There are two components to this indicator and therefore two numerators are required:</p> <ol style="list-style-type: none"> (1) The number of staff involved in clinical education that rate their access to IT services within the health service favourably (2) The number of staff involved in clinical education that rate their access to the internet within the health service favourably
Denominator	<p>The same denominator is required for both numerators, namely:</p> <ul style="list-style-type: none"> ▪ Total number of staff that responded to each question, respectively
Benchmark(s)	<p>The suggested benchmark is 70% of staff rating their access to IT or internet favourably.</p> <p>This indicator is not recommended for comparison between organisations, since the geographical and financial circumstances of organisations will impact on the availability of these facilities.</p>
Specific data collection tools required	<ul style="list-style-type: none"> ▪ Staff survey including relevant question(s). ▪ A spreadsheet to record numbers of staff in each discipline that nominate each response on the scale. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. ▪ If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories
Information required to support indicator measurement	<i>Staff involved in clinical education</i> includes staff in all four education role categories (see <i>Definitions</i> on p.4), namely:

	<ul style="list-style-type: none"> ▪ Clinical educator ▪ Primary involvement ▪ Secondary involvement ▪ Support <p>The staff survey will need to include the following questions:</p> <ul style="list-style-type: none"> ▪ <i>Overall, how satisfied are you with your access to the IT services of the organisation?</i> ▪ <i>Overall, how satisfied are you with the internet access provided by the organisation?</i> <p>A 5-point Likert scale is recommended for responses: <i>very dissatisfied – dissatisfied – neither satisfied nor dissatisfied – satisfied – very satisfied</i>. Other questions/statements can also be included in the survey, to gain a more detailed understanding of the factors influencing the overall rating given by staff in respect of IT or internet access (e.g. software availability). Surveys should collect sufficient demographic information to allow data to be disaggregated by discipline and staff category, as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of staff in each staff category in that reporting period that nominated each response on the Likert scale for each question. Organisations only have to report data for staff categories for which they have collected data.</p> <p>For each question, BPCLEtool will automatically calculate the total number of respondents (for each discipline and staff category) for the reporting period and calculate the proportion of the total that answered <i>satisfied</i> or <i>very satisfied</i>.</p>
Disaggregation	<p>BPCLEtool will report on data disaggregated by discipline and staff category.</p> <p>Depending on how much information is collected through staff surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by clinical area (for larger organisations).</p>
Issues/comments	<p>One of the caveats to the interpretation of this indicator is that access (or lack of access) to IT/internet for the purposes of clinical education is not likely to be separable from access/lack of access for clinical or administrative purposes. Furthermore, staff may be given excellent access to IT or internet services, but the constraints of the existing IT systems may mean that staff may still express dissatisfaction (e.g. staff may have sufficient access to the internet but they may be dissatisfied with the speed at which the connection is made).</p>
Related indicators	<p>53 - Learner satisfaction with respect to access to IT and internet within the health service organisation</p>
Other potential uses of this indicator	<p>Information collected for this indicator will be useful to the organisation in examining its IT and internet services more broadly (i.e. not just for educational purposes).</p>
Actions to improve the indicator result	<p>Not directly actionable.</p> <p>The actions required for improving clinical education staff satisfaction with IT and internet access will depend largely on the specific problems that are encountered by staff. Overall, it may be difficult for organisations to improve in this area, as budgets for IT services are usually quite limited and some issues require major structural adjustments.</p>

Indicator number	53
Indicator	Learner satisfaction with respect to access to IT and internet within the health service organisation.
Category	Category I
BPCLE element	Element 6: Appropriate resources and facilities
BPCLE sub-objective(s)	Learners and staff have access to the facilities and materials needed to optimise the clinical learning experience
Indicator type	Outcome

Relevant outputs	<ul style="list-style-type: none"> Results of stakeholder satisfaction surveys with respect to resources Budget allocated for resources is spent on resources
Relevant learner levels	<p>This indicator applies to all learner levels (see <i>Definitions</i> on p.4), namely:</p> <ul style="list-style-type: none"> Professional entry learners Early graduate learners Vocational/postgraduate learners CPD learners
Indicator rationale	<p>Information technology (IT) is now integral to educational activities. Indeed, many resources and documents provided by education/training providers are likely to require access to IT and internet. Thus, the ability of learners to access IT and the internet will directly impact on the overall quality of the clinical learning experience and whether the learners feel isolated while on placement (particularly in rural or regional settings). This indicator measures whether learners perceive their IT access is sufficient to support their educational activities.</p>
Numerator	<p>There are two components to this indicator and therefore two numerators are required:</p> <ol style="list-style-type: none"> (1) The number of learners that rate their access to IT services within the organisation favourably (2) The number of learners that rate their access to the internet within the organisation favourably
Denominator	<p>The same denominator is required for both numerators, namely:</p> <ul style="list-style-type: none"> Total number of learners that responded to each question, respectively
Benchmark(s)	<p>The suggested benchmark is 70% of learners rating their access to IT or internet favourably.</p> <p>This indicator is not recommended for comparison between organisations, since the geographical and financial circumstances of organisations will impact on the availability of these facilities.</p>
Specific data collection tools required	<ul style="list-style-type: none"> Learner survey including relevant question(s). Staff survey including relevant question(s), to obtain responses from early graduate, vocational/postgraduate and CPD learners. A spreadsheet to record numbers of learners at each learner level in each discipline that nominate each response. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories
Information required to support indicator measurement	<p>Surveys will need to include the following questions:</p> <ul style="list-style-type: none"> <i>Overall, how satisfied are you with your access to the IT services of the organisation?</i> <i>Overall, how satisfied are you with the internet access provided by the organisation?</i> <p>A 5-point Likert scale is recommended for responses: <i>very dissatisfied – dissatisfied – neither satisfied nor dissatisfied – satisfied – very satisfied</i>. Other questions/statements can also be included in the survey, to gain a more detailed understanding of the factors influencing the overall rating given by learners in respect of IT or internet access (e.g. access to software).</p> <p>Surveys should collect sufficient demographic information to allow data to be disaggregated by discipline and learner level, as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of learners at each learner level in that reporting period that nominated each response on the Likert scale for each question. Organisations only have to report data for learner levels for which they have collected data. For each question, BPCLEtool will automatically calculate the total number</p>

	of respondents (for each discipline and learner level) for the reporting period and calculate the proportion of the total that answered <i>satisfied</i> or <i>very satisfied</i> .
Disaggregation	BPCLEtool will report on data disaggregated by discipline and learner level. Depending on how much information is collected through surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by clinical area (for larger organisations).
Issues/comments	One issue that may confound the interpretation of this indicator is whether post-registration learners, who are also staff members, are able to distinguish their access to IT and internet in the context of their learning activities from their access in the context of their work duties. Moreover, learners may be given excellent access to IT and internet services, but system constraints (e.g. internet connection speeds) may mean that learners still express dissatisfaction.
Related indicators	52 - Clinical education staff satisfaction with respect to access to IT and internet within their organisation 54 - Learner satisfaction in relation to the availability and quality of other learning resources
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	Not directly actionable. The actions required for improving learner satisfaction with IT and internet access will depend largely on the specific problems that are encountered by learners. Overall, it may be difficult for organisations to improve in this area, as budgets for IT services are usually quite limited and some issues require major structural adjustments. However, if it is the case that learners have notional access to staff computers but the computers are constantly in use by staff, or there are too many learners for the number of computers available, the organisation could: <ul style="list-style-type: none"> ▪ Implement more structured scheduling of access time for learners. ▪ Increase the number of computers that are available for learners.

Indicator number	54
Indicator	Learner satisfaction in relation to the availability and quality of other learning resources (e.g. textbooks, clinical equipment)
Category	Category III
BPCLE element	Element 6: Appropriate resources and facilities
BPCLE sub-objective(s)	Learners and staff have access to the facilities and materials needed to optimise the clinical learning experience
Indicator type	Outcome
Relevant outputs	<ul style="list-style-type: none"> ▪ Results of stakeholder satisfaction surveys with respect to resources ▪ Budget allocated for resources is spent on resources
Relevant learner levels	This indicator applies to learners at any level (see <i>Definitions</i> on p.4), namely: <ul style="list-style-type: none"> ▪ Professional entry learners ▪ Early graduate learners ▪ Vocational/postgraduate learners ▪ CPD learners
Indicator rationale	Learners require a range of resources and supports to maximise their learning during the clinical component of their program. It is difficult to measure the actual impact these resources have on the overall clinical learning experience and very high quality learning experiences are possible in settings with very few learning resources other than high quality clinical staff. Nevertheless, by having learners rate their satisfaction with the availability and quality of resources, it can be inferred whether the organisation has provided sufficient resources to meet learner expectations and needs.

Numerator	<p>There are two components to this indicator and therefore two numerators are required:</p> <ol style="list-style-type: none"> (1) The number of learners that rate the availability of learning resources provided by the organisation favourably (2) The number of learners that rate the quality of learning resources provided by the organisation favourably
Denominator	<p>The same denominator is required for both numerators, namely:</p> <ul style="list-style-type: none"> ▪ Total number of learners that responded to each question, respectively
Benchmark(s)	<p>The suggested benchmark is 70% of learners rating the availability or quality of the learning resources provided by the health service favourably. This indicator is not recommended for comparison between organisations, since the circumstances of different health services may impact on the availability of resources.</p>
Specific data collection tools required	<ul style="list-style-type: none"> ▪ Learner survey including relevant question(s). ▪ Staff survey including relevant question(s), to obtain responses from early graduate, vocational/postgraduate and CPD learners. ▪ A spreadsheet to record numbers of learners at each learner level in each discipline that nominate each response. The BPCLEtool Indicator Data Collector workbook includes a spreadsheet that can be used for this purpose, which allows response totals to be calculated for filtered subsets of data entered into the spreadsheet. ▪ If organisations wish to disaggregate the result for follow-up action, it might be necessary to maintain spreadsheets of raw survey data to allow responses to be cross-tabulated with various demographic categories
Information required to support indicator measurement	<p>Surveys will need to include the following questions:</p> <ul style="list-style-type: none"> ▪ <i>Overall, how satisfied were you with the availability of the learning resources provided by the organisation?</i> ▪ <i>Overall, how satisfied were you with the quality of the learning resources provided by the organisation?</i> <p>A 5-point Likert scale is recommended for responses: <i>very dissatisfied – dissatisfied – neither satisfied nor dissatisfied – satisfied – very satisfied</i>. An introduction to these questions will be needed to identify which resources the questions pertain to.</p> <p>Other questions/statements can also be included in the survey, to gain a more detailed understanding of the factors influencing the overall rating given by learners in respect of learning resources provided by the organisation. In addition, an open-text response question may be included that asks respondents to identify any resources that should have been made available during their clinical placement, but were not.</p> <p>Surveys should collect sufficient demographic information to allow data to be disaggregated by discipline and learner level, as well as any other disaggregation that might be useful within the organisation for identifying actions to address indicator results.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the total number of learners at each learner level in that reporting period that nominated each response on the Likert scale for each question. Organisations only have to report data for learner levels for which they have collected data. BPCLEtool will automatically calculate the total number of respondents for each question (for each discipline and learner level) for the reporting period and calculate the proportion of the total that answered <i>satisfied</i> or <i>very satisfied</i>.</p>
Disaggregation	<p>BPCLEtool will report on data disaggregated by discipline and learner level. Depending on how much information is collected through surveys, organisations might wish to manually disaggregate the result (using the spreadsheet of raw data) by clinical area (for larger organisations).</p>
Issues/comments	<p>This indicator may not be relevant for smaller organisations, since facilities/resources such as libraries and textbooks or clinical skills laboratories may not be available in those settings.</p>
Related indicators	<p>53 - Learner satisfaction with respect to access to IT and internet within the health service organisation</p>

Other potential uses of this indicator	None suggested
Actions to improve the indicator result	Not directly actionable. Overall, if lower than anticipated levels of satisfaction are achieved, the organisation could seek to address this through strengthening the resource exchange mechanisms with education provider partners.

Indicator number	55
Indicator	Relationship agreements cover issues relating to learner accommodation and support
Category	Category III
BPCLE element	Element 6: Appropriate resources and facilities
BPCLE sub-objective(s)	Learners and staff have access to the facilities and materials needed to optimise the clinical learning experience
Indicator type	Structural
Relevant output	None
Relevant learner levels	This indicator applies to relationship agreements that relate to learners at professional entry level (see <i>Definitions</i> on p.4).
Indicator rationale	Adequate accommodation for learners – which includes both living accommodation and working accommodation – requires a commitment from both the education provider and the health service. The education provider must be confident before they send their learners to individual health services that they will be well looked after during their clinical placement. This is particularly important in relation to living accommodation for learners placed in rural and regional areas. Similarly, the health service has an obligation to ensure the working accommodation and support for learners is available and of suitable quality. Inclusion of learner accommodation and support arrangements in the relationship agreement ensures both parties are aware of their obligations.
Numerator	The number of relationship agreements that address issues relating to learner accommodation and support
Denominator	The total number of relationship agreements held by the organisation
Benchmark(s)	The suggested benchmark is 100%, since all relationship agreements should cover this issue.
Specific data collection tools required	<ul style="list-style-type: none"> Register of clinical placement relationships.
Information required to support indicator measurement	<p>Each relationship should be recorded in the register, with separate sub-records for each discipline and year level as appropriate. The register should include fields indicating:</p> <ul style="list-style-type: none"> The disciplines covered by the arrangement. Whether the arrangement is covered by a formal agreement. When the arrangement/agreement was last negotiated. When the arrangement/agreement is next due for re-negotiation. A checklist of items that may or may not be included in the agreement. <p>Using a register (such as the register provided in the BPCLEtool Indicator Data Collector workbook) to record this information is recommended, as this will provide evidence to support data entered into the BPCLEtool data form for this indicator. This will also assist with continuity in reporting over subsequent reporting periods.</p>
BPCLEtool data entry	<p>For each discipline that is monitoring this indicator, enter the following information:</p> <ul style="list-style-type: none"> The number of placement partnerships that exist. The number of placement partnerships that are covered by a relationship agreement. The number of those relationship agreements that address issues relating to learner accommodation and support. <p>BPCLEtool will automatically calculate the proportion of placement partnerships covered by relationship agreements that address issues</p>

	relating to learner accommodation and support.
Disaggregation	BPCLEtool will report on data disaggregated by discipline.
Issues/comments	<p>It is important to note that inclusion of living accommodation issues in the relationship agreement does not necessarily mean that one or other partner is required to provide living accommodation for learners.</p> <p>Indeed, the Student Placement Agreement (SPA) template developed by the Victorian Department of Health and Human Services (DHHS) addresses the issue of learner accommodation by referencing the DHHS Standardised Student Induction Protocol (SSIP). The SSIP states that "information is to be provided by the CPP to each EP for dissemination to learners prior to their placement, such that learners have any available information that may assist in finding accommodation and other relevant facilities in a timely manner". Health services can address issues of learner accommodation and support in greater detail through Schedules to the agreement.</p> <p>Organisations that have adopted the SSIP and SPA for all relationships will most likely not find this indicator particularly useful, since all their clinical education partnerships will be covered by formal agreements that address learner accommodation and support issues. On the other hand, organisations that are not using the SSIP/SPA for some or all of their partnerships will find this indicator useful in tracking their progress to more formalised arrangements.</p>
Related indicators	13 - Facilities prioritised for educational uses exist within the organisation
Other potential uses of this indicator	None suggested
Actions to improve the indicator result	<p>Directly actionable.</p> <p>The main corrective action is to ensure that accommodation and support issues are covered for new relationship agreements or when existing agreements are being re-negotiated.</p>