FAQs: BPCLE Framework and BPCLEtool

Engagement and uptake issues

1 Is there a summary that could assist education managers to brief their senior management, to encourage the organisation to come on board?

Yes. A set of fact sheets and briefing documents was prepared in 2013 in the context of the statewide rollout of the BPCLE Framework in Victoria. The documents were intended to be used by organisational coordinators to assist them with informing key stakeholder groups about the BPCLE Framework and what implementation of the framework is likely to involve. The documents were updated in 2016 and, while some of the content is specific for the Victorian context, most of the information is generic and could be adapted for use in other contexts. The complete set of documents is available resource library in the BPCLE Knowledge Base section of BPCLEtool and includes:

- Briefing document for senior management
- Briefing document for staff who will be involved in implementation of the BPCLE Framework
- Fact sheet for clinical staff not directly involved in clinical education
- Fact sheet for administrative staff involved in clinical education activities
- Fact sheet for education providers
- Fact sheet for learners
- Fact sheet for Medicare Locals
- Fact sheet for professional bodies

2 Does the system have the functionality for executive sign-off, which is the normal pattern for external reporting of information? Such sign-off may be critical to ensure the executive is engaged with this framework.

Although most steps in BPCLEtool do not include an explicit executive sign-off functionality, the indicator monitoring step does include a final barrier question before the reporting period is closed and data is uploaded into the BPCLEtool database. Once organisational data is uploaded, it becomes available for inclusion in de-identified comparison reports by any organisation using BPCLEtool and, where externally reportable indicators are being used, becomes available for viewing by the relevant external authority. Individual organisations may choose to stipulate that the reporting period only be closed once executive sign-off has been obtained.

3 What if an organisation decides not to use BPCLEtool, but an individual department wants to?

Organisations may determine for themselves how they wish to use their BPCLEtool access. Unless jurisdictional authorities have mandated otherwise, health services may choose to implement the framework in some departments/disciplines or work areas but not others. Those departments involved in the implementation are able to use BPCLEtool to assist with the process. Other departments can be included later if a decision is taken to extend implementation to other areas.

Funding issues

4 What is the likely cost of implementing the BPCLE Framework?

Implementing the BPCLE Framework does not necessarily entail major financial outlays by an organisation. The tool is an online system that can be readily accessed through freely available modern web browsers (Google Chrome, Firefox, Safari, etc). Unless organisational access is covered through a jurisdictional subscription, there is a small annual subscription fee.

Most costs associated with implementing the BPCLE Framework will relate to staff time to undertake self-assessment activities and action plan implementation and monitoring.

Depending on the size of the organisation, the self-assessment, action planning and indicator selection steps could take as little as 10–15 hours in total (most likely spread across 3–4 weeks of elapsed time), or as long as 3–4 days in total (across 6–8 weeks of elapsed time). Not all staff that participate in the process need to be involved for the same amount of time; the person that coordinates the process will need to devote more time (i.e. planning, organising and facilitating the activities), while most staff participating in the self-assessment may only need to contribute a few hours to those group discussions.

The staff time associated with action plan implementation and monitoring of indicators is more difficult to estimate, as it is entirely dependent on what is included in the action plan and the extent to which indicator monitoring taps into existing data collection activities.

Importantly, these costs are part of the organisation's commitment to quality improvement and represent the effort the organisation needs to expend to create an efficient, sustainable, high-quality learning environment for all levels of learners. Moreover, implementation of the BPCLE Framework has the potential to target quality improvement activities to areas of greatest need and highest priority.

5 We have received some funding to assist with implementing the BPCLE Framework. Could you provide suggestions for the best way to utilise those funds?

There are several options for how health services could utilise the funding and the best option will depend on the circumstances of individual organisations. Options include:

- Salary for a project officer to coordinate and/or facilitate the implementation process.
- Backfill for an existing staff member to coordinate and/or facilitate the implementation process.
- Fees for a consultant/contractor to facilitate the process.
- Salary and/or backfill for individuals to conduct activities under the quality improvement action plan that is developed following the self-assessment process.
- Training of staff, as identified through the self-assessment process.
- Internal communication activities relating to the implementation of the framework.
- Purchase of a laptop computer to access BPCLEtool through recommended web browsers (if the organisation is unable to permit use of Google Chrome or Firefox with existing IT systems).

6 Should smaller organisations be advised to use a project officer to implement the BPCLE Framework?

The decision to use a project officer to implement the BPCLE Framework depends entirely on the circumstances of the organisation, although there are certainly advantages for choosing this approach, regardless of the size of the organisation. The main advantage is that the project officer will be able to devote their time to the various aspects of coordinating the process, including becoming familiar with the framework and BPCLEtool, arranging meetings, facilitating group discussions and completing any follow-up activities. A project officer can also set up the data collection tools and processes that will be needed for ongoing indicator monitoring.

On the other hand, if an organisation already has a staff member who can incorporate the role of BPCLE Framework implementation coordinator into their current position, this approach can also work very successfully.

Importantly, even for smaller organisations, implementing the BPCLE Framework is expected to involve the input of a range of staff (clinical, management, administrative) that contribute to the clinical education activities of the organisation. A project officer can organise, coordinate and facilitate the process in which other staff participate, but cannot undertake the self-assessment, action planning and indicator selection activities on behalf of the organisation.

Software and IT compatibility

7 Many health services use Internet Explorer as their main internet interface. How can organisations in this position use BPCLEtool? How have other organisations dealt with this?

BPCLEtool is a highly sophisticated online web tool that requires a compatible browser for access. BPCLEtool will work effectively with Google Chrome, Firefox, Safari (for Mac) and later Internet Explorer versions (10+), but will not work with earlier Internet Explorer versions (i.e. IE6, IE7, IE8 and IE9). Even the latest version of IE may not be able to provide a good user experience with BPCLEtool.

Organisations currently using Internet Explorer as their main browser have several options available to them, in terms of being able to access BPCLEtool:

- Update to the latest version of IE.
- Install one of the other browsers that are compatible with BPCLEtool, i.e. Google Chrome or Firefox. These browsers can be downloaded and installed free of charge. (Note: a number of organisations currently using BPCLEtool have reported no compatibility issues between their organisational IE-based system and their downloaded Google Chrome or Firefox browsers, which they use for accessing BPCLEtool, viCPlace and other sites that do not operate properly with Internet Explorer.)
- Purchase a low-cost laptop computer to use as a terminal to access BPCLEtool, on which Google Chrome and/or Firefox can be installed without compromising organisational IT arrangements.

Organisations that have already implemented the BPCLE Framework generally made arrangements to have access to Google Chrome or Firefox through a number of their computer workstations.

8 Is BPCLEtool compatible with software used by general practices?

Yes. BPCLEtool does not require installation of any special software. It is a web-based tool that is accessed through common and freely available browsers.

Set-up and conducting assessments

9 Does the primary organisational contact have different permissions compared to other Organisation Administrators?

No, all Organisation Administrators (Org Admins) have the same permissions.

The reason organisations are asked to nominate a primary contact individual to initiate each organisation's access to BPCLEtool is to avoid a situation where organisations create separate, redundant user groups within the system. Once his/her account is activated, the primary Org Admin can immediately create other Org Admins who will all have the same permissions as the primary contact.

10 Who should we include as users with their own accounts in BPCLEtool?

Every organisation will need to make this decision based on its own circumstances, but there is no need for all staff members who will be involved in the process to have BPCLEtool accounts. At the very least, each organisation should set up two individuals with Organisation Administrator accounts, to provide back-up in the event one individual is on leave or unavailable.

There is a video tutorial that deals with Managing Users that provides information that may assist organisations to decide which individuals should be allocated accounts in BPCLEtool.

11 If an organisation uses a 'silo' approach for its initial self-assessment then changes to a 'whole-of-organisation' approach, is the data transferable from the individual self-assessments into a combined assessment?

No. Data cannot be transferred from one self-assessment into another and cannot be combined from multiple self-assessments into a single self-assessment. If an organisation decides to change its approach to self-assessment, this can be done the next time the preliminary and detailed self-assessment steps are completed (which is recommended to be at 12–18 month intervals).

12 If an organisation uses a 'whole-of-organisation' approach, can the data later be disaggregated by facility or discipline?

No. Self-assessment involves a group of individuals representing different disciplines and/or facilities within an organisation reaching a consensus rating for the nodes in a set of process maps. The views of each discipline or facility can be recorded on the node rating cards, but the group must reach a consensus rating. Thus, data entered into a single self-assessment for the whole organisation cannot subsequently be disaggregated into separate self-assessments for individual disciplines or facilities.

If an organisation decides to change its approach to self-assessment, this can be done the next time the preliminary and detailed self-assessment steps are completed (which is recommended to be at 12–18 month intervals).

13 Do we have to include all six BPCLE elements in an assessment?

No. Recent changes to BPCLEtool functionality allow you to nominate the BPCLE elements you wish to include in an assessment. The default is for all six elements to be selected and this is recommended as the best way to conduct a holistic assessment of the clinical learning environment, particularly the first time your organisation self-assesses against the BPCLE Framework.

However, there may be circumstances where organisations want to focus on particular elements of the framework, for example once the organisation has conducted a full assessment and has identified issues in one or two of the elements.

Note that once you have created an assessment, you cannot add elements back into that assessment that you decided to exclude. On the other hand, you can choose not to complete all the elements you have included in the assessment. So, it is probably best to include all the elements at the time of creating the assessment and then decide later which elements you will complete.

14 Can I download a list of the self-assessment questions to provide to stakeholders within my organisation?

Yes, this resource is now available in the resource library in the BPCLE Knowledge Base.

However, it is **strongly** advised that organisations resist the temptation to circulate this list to stakeholders as a means of collecting their feedback. If this list is used as a *de facto* survey, whereby individuals complete their response and return it to the BPCLE project coordinator, most of the value of the self-assessment process will be lost.

Firstly, the self-assessment questions – by design – make sense in the context of the program logic maps for each BPCLE element. When map items are presented as text on a page, stripped of their relationship to other map items, they are unlikely to make sense.

Secondly, the BPCLEtool self-assessment process is designed to promote group discussion. Many benefits of this approach have been identified by organisations that have already implemented the BPCLE Framework using BPCLEtool, including sharing of existing resources, improved communication and learnings between clinical education streams and a reduction in duplicated effort. The discussion amongst a group of people with different levels of knowledge, responsibility and input about any given topic is more beneficial to the quality improvement process than collecting ratings from a single person.

To prepare for the group discussion, rather than review a list of questions, it is recommended that stakeholders read the BPCLE Framework itself, which provides a concise synopsis about the purpose and benefits of implementation. In particular, Section 7 – *Key elements of a best practice clinical learning environment* – will provide an overview of the topics and types of issues that will be covered by the questions during the self-assessment process.

15 What models for conducting self-assessments have been trialled so far?

During the pilot project, the eleven pilot organisations were fairly evenly split between those that conducted their self-assessments on a whole-of-organisation basis and those that included in the self-assessment only a subset of those disciplines that are involved in clinical education. Of the six organisations that focussed on a sub-set of disciplines, four of the organisations included two or more disciplines, while only two of the organisations included only a single discipline in the self-assessment process.

Since the conclusion of the pilot, 95 percent of self-assessment completions have involved whole-of-organisation approaches. Approaches to the detailed self-assessment step have included:

- One large group working through all six program logic maps together, requiring a number of 1-2 hour sessions over a period of two or three weeks.
- One large group working through the six program logic maps together in a single 3–4 hour session.
- Two groups working separately, but concurrently, through different maps (one group completing map 3 and the other group completing maps 1, 2, 4 and 5), and then coming together to combine their ratings into a single assessment and to complete map 6.

Organisations are now able to decide which of the BPCLE elements to include in their assessment and how many of the elements included in their assessment they wish to complete. They can also move backwards and forwards between the Preliminary Assessment and Detailed Assessment steps of the process. This opens a range of new possibilities for how to conduct the self-assessment process.

16 Which is better: completing the Preliminary Assessment for all six elements before moving onto the Detailed Assessment, or completing all steps for one element at a time?

Both approaches have advantages, so it probably depends on your organisation's circumstances and priorities, as well as the availability of key staff.

The advantage of completing the whole Preliminary Assessment in one session is that your self-assessment group members will get a feel for the whole BPCLE Framework, which will help them later to make more sense of the Detailed Assessment and Action Planning steps. It is very useful to be aware from the outset about which aspects of the clinical learning environment are addressed under each element.

On the other hand, if the group completes the Preliminary Assessment for one element and then moves directly to the Detailed Assessment and Action Planning for that element, the issues covered by the element will be fresh in their minds and the discussion will develop considerable momentum.

One approach that might be useful is to complete the whole Preliminary Assessment and then work through the Detailed Assessment and Action Planning together, one element at a time.

17 When we changed the rating of an objective node in the Detailed Assessment and then went back into the Preliminary Assessment for that element, why didn't the Preliminary Assessment rating change for that objective to the new rating?

The rating you give to an objective node in the Preliminary Assessment is meant to be a "gut feeling" rating. If you change the rating in the course of the Detailed Assessment, that will be informed by further reflection and a more detailed analysis of the mechanics of achieving that objective. By definition, this is no longer a "gut feel".

We made a deliberate decision not to update the Preliminary Assessment rating based on any subsequent change made to the rating in the Detailed Assessment. The two ratings are made using very different criteria and we believe there is value in maintaining a record of any difference there is between the "gut feel" and more considered rating given by the group.

Note that the "Prelim Rating" marker that appears on the objective node rating card in the Detailed Assessment continues to identify the original rating given in the Preliminary Assessment, even if the rating is changed in the Detailed Assessment. However, if you return to the Preliminary Assessment and change the rating there, the "Prelim Rating" marker will update accordingly in the Detailed Assessment.

18 We rated a node in the Detailed Assessment, but the halo didn't appear around the node in the map, reflecting our rating. Is there a problem?

BPCLEtool considers a node to be completed only when you have BOTH nominated a consensus rating for the node AND you've decided whether or not to include the node in your action plan. If you nominate a consensus score but don't decide about inclusion in the action plan, you won't see a halo appear around the node in the map and the progress bar at the bottom of the map won't advance. We have deliberately set up the tool in this way to allow you to easily identify nodes where you have not recorded a consensus score or made a decision about action plan inclusion.

19 In the final step of rating a node in the Detailed Assessment, why does BPCLEtool sometimes make a recommendation about inclusion in the Action Plan and sometimes not make a recommendation?

Every node (except objective nodes) include a rating scale that is essentially a 5-point Likert scale, including two above-average options, an average option and two below-average options. This is followed by a rating choice that is effectively a "does not exist" option, as well as a "not applicable" option. BPCLEtool has been programmed to make suggestions about inclusion of the node in your action plan as follows:

- If your consensus rating is average or below, or "does not exist", BPCLEtool will suggest you include the node in your action plan.
- If the consensus rating is above average, BPCLEtool will not make a suggestion either way. This is to avoid a situation where organisations don't include something in their action plan because they think BPCLEtool is telling them not to.

Regardless of what BPCLEtool suggests (or doesn't suggest), the final decision of whether to include the node in the action plan yours.

20 What happens if we don't complete our assessment?

Perhaps the most important reason for rating all nodes for all six elements of the BPCLE Framework is to ensure your assessment is holistic and captures the totality of your clinical learning environment. So a major potential consequence of not completing your assessment is that you miss something important or you have insufficient information to comprehensively diagnose issues and find appropriate solutions.

At a purely practical level, there are three direct consequences of not completing the assessment.

Firstly, the indicators suggested by BPCLEtool will be limited to those associated with the nodes you have rated, as well as any mandatory indicators that apply to your organisation.

Secondly, any nodes you don't rate can't be included in your action plan for that element.

Thirdly, for the purposes of generating comparison reports, BPCLEtool only utilises elements in an assessment that have been completed. "Completed" means that every node in the element has either been rated or marked as "not applicable". So, if you only want to rate some of the nodes in a map, that element can be included in comparison reports provided that the nodes you don't wish to rate are marked as "not applicable".

Action planning

21 We didn't add a node into our Action Plan during the Detailed Assessment and now we think we should have added it. Is there any way to be able to include that node?

Yes. Go back into the Detailed Assessment and click on the node you want to add to your action plan. The first screen will show you the node rating; click "Save and go to next step" to take you to the action plan decision step. Click on "Add node to Action Plan" and save the node; the card for the node will appear in the "To Do" column of your Action Plan under the relevant BPCLE element.

22 We added a node to our Action Plan but later changed our mind. How do we remove that node from the Action Plan?

You can archive any unwanted nodes either by clicking on the "x" in the top right corner of the closed card, or by clicking on the "Archive this card" link at the bottom of the open card.

Any information you saved on the card will be saved when the card is archived and the card can be reactivated by clicking on the tick mark in the top right of the closed card. Archived cards are greyed out in the Action Plan overview screen and can be dragged to the bottom of the column to be stored out of the way.

23 What should we do with the tasks suggested by BPCLEtool if we don't want to include those tasks in our Action Plan?

You can delete the tasks suggested by BPCLEtool if they're not appropriate, just by clicking on the trashcan icon to the left of the task. Indeed, you should delete any of the tasks you don't intend to do, since the task completion tracker counts all the tasks listed in the Task section.

24 Who can I assign tasks to in the Action Plan?

You can assign tasks to any member of staff, or to more than one individual, since the field for assigning tasks is a free text field. The person does not have to have a BPCLEtool account.

25 What do the "Due soon" and "Overdue" warnings mean on the node cards in the Action Plan?

These warnings relate to the overall due date you have set for the whole card (i.e. not the due date set for individual tasks). When you are two weeks or less from the card due date, the "Due soon" flag appears on the front of the card. When the card due date is reached, if the card is still in either the "To Do" or the "In Progress" column, the system flags the card as overdue.

The flags disappear when the card is moved into the "Complete" column of the Action Plan.

26 Why can't I view my old assessments in the new Action Planning tool?

Any assessments created before the new Action Planning functionality was released on 2 May 2016 cannot be imported into the new action planning tool. This is because the Detailed Assessment step has also changed and old assessments did not include a process for nominating nodes for inclusion in the Action Plan as part of the Detailed Assessment. As a result, the old mechanism for generating an action plan was very different to the new method and the new method can't be retrofitted to old assessments.

Assessments created and completed prior to 2 May 2016 can still be viewed and can be used in comparison reports with assessments created after 2 May 2016. However, in the Action Planning step on the assessment progress bar, a message will appear noting the incompatibility with the new action planning tool.

27 How do I download my Action Plan from BPCLEtool?

There is a link to download a snapshot of the Action Plan the bottom of the action planning page. The report is generated in CSV format, which can be opened in Excel or any other spreadsheet program, and allows you to review the current state of play of your action plan. In Excel, you can sort and filter the data according to priority, card status, due dates, completion status, who tasks are assigned to and so on.

Indicators, data and confidentiality

28 Confidentiality of data – who sees the information stored in BPCLEtool and who can view reports based on that data?

The self-assessment data entered into BPCLEtool by an individual health service can only be viewed by users within that organisation. Users in one organisation cannot access data entered by another organisation. System Administrators, Network Administrators and Departmental Administrators cannot access data entered into BPCLEtool by individual organisations.

BPCLEtool includes functionality that allows individual organisations to run comparison reports, which compare their self-assessment results to the de-identified self-assessment results of nominated sectors or settings. However, comparison reports will only be permissible when at least five organisations in the sector/setting category have entered data into the system. This will prevent a situation whereby the identity of organisations included in the de-identified data can be inferred.

In relation to indicators, data entered into the BPCLEtool by an organisation can only be viewed by users within that organisation and reports from that data can only be generated by that organisation. Users from other organisations, System Administrators, Network Administrators and Department Administrators cannot directly access indicator data entered into BPCLEtool by individual organisations.

Once an organisation has closed out its indicator data entry for a particular reporting period, individual organisations can run comparison reports, which compare their indicator results to the de-identified indicator results of nominated sectors or settings. However, comparison reports will only be permissible when at least five organisations in the sector/setting category have entered indicator data into the system. This will prevent a situation whereby the identity of organisations included in the de-identified data can be inferred.

For organisations in jurisdictions that have nominated indicators for external reporting, when the organisation closes out its indicator data entry for a particular reporting period, data for the external indicators will become available to the relevant authority within that jurisdiction. In effect, this allows those organisations to submit their external indicator data reports directly via BPCLEtool, rather than having to submit an additional report.

Who can/should implement the BPCLE Framework?

29 Does implementation of the BPCLE Framework scale down to small private health service providers such as physiotherapists, community pharmacies, optometrists and podiatry clinics?

Yes. The pilot project demonstrated that small private health service providers can successfully self-assess

their clinical learning environment against the BPCLE Framework, develop an action plan to address any areas needing improvement and select indicators to monitor progress. In addition, BPCLEtool has been designed to work for organisations of any size and in any service provision category.

30 Although the BPCLE Framework is focused on health services, it also has application for education providers to enable preparation for learning in the clinical environment. Is there any provision for education providers to access BPCLEtool?

Yes. Education providers are able to access BPCLEtool in one of two ways.

Education providers that operate clinics or health services where learners undertake clinical placements are able to obtain regular access to BPCLEtool, to allow them to implement the BPCLE Framework in their in-house clinical setting. Any data entered by the institution will be added to the pool of health service data collected by BPCLEtool.

Education providers who are only interested to observe how the tool works can obtain a login to a special quarantined "jurisdiction" where any dummy data they enter into the system does not contaminate the real data collected by the tool. Education providers might wish to obtain such access as a means of understanding the process their health service partners are undertaking and thereby provide support.

Note that while education providers have an important role to play in ensuring learners are well prepared for their placement experiences, BPCLEtool has not been designed to assist education providers with assessing how well they prepare learners. BPCLEtool is also not suitable for assessing other learning environments, even though it is acknowledged that many of the same principles apply regardless of the setting.

31 Can the BPCLE Framework/BPCLEtool be used for learners other than professional entry and early graduate learners?

Yes. The BPCLE Framework was originally developed to address quality issues in relation to clinical learning environments for learners at professional entry level and early graduate level. Of course, many of the principles and ideals that apply to learners at those levels also apply throughout the learning continuum. Therefore, an organisation that is improving its learning environment for entry-level and early graduate learners through implementation of the BPCLE Framework will also be improving the learning environment for trainees at prevocational and vocational level.

Indeed, organisations can choose to include staff with responsibility for postgraduate and vocational training, as well as continuing professional development, in the self-assessment steps of the process and can include tasks in their action plan that specifically address the needs and issues relevant to those learner levels.

Note that, following the review of the BPCLE Performance Monitoring Framework in 2016, the learner levels to which the BPCLE indicators might be applied are now identified in the indicator specification for each indicator.

32 Does the tool link into non-clinical training or e-learning?

BPCLEtool has been developed to assist with the implementation of the BPCLE Framework, which addresses quality in clinical learning environments. As stated in the preamble to the framework, to the extent that health professional learners undertake placements in non-clinical settings, the principles and ideals set out in the framework can also be applied to those settings, albeit with some allowances made for differences in language usage and terminology. Therefore, in this context BPCLEtool can be used to assess non-clinical learning environments against the BPCLE Framework, although it is not recommended as a tool to assess learning environments in higher education institutions.

In relation to e-learning, the BPCLE Framework was not intended to apply to virtual learning environments and therefore BPCLEtool is not recommended for assessing e-learning platforms or programs. To the extent that access to e-learning modules might constitute a resource provided to learners on placement, BPCLEtool provides opportunities for assessment of the accessibility and quality of such resources.

Miscellaneous issues

33 Should learners be involved in the implementation of the BPCLE Framework?

There is no reason why learners should not be involved in the self-assessment aspects of implementing the BPCLE Framework. Indeed, the input of learners may be very valuable in determining the appropriate rating for many items in the six program logic maps. On the other hand, learners may not be able to contribute meaningfully to the action plan development and indicator selection steps of the implementation process.

While the input of learners is undoubtedly valuable, particularly for the self-assessment step, organisations are free to determine for themselves how best to garner that input. Logistically, it might be quite difficult to include individual learners (particularly professional entry students) in the self-assessment discussions, unless those learners are also members of staff. Firstly, many organisations might prefer to complete the labour-intensive self-assessment steps at a time of year when there are few (if any) learners on placement. Secondly, when

learners are on site, their time is likely to be taken up with their clinical education activities and it might be difficult to encourage them to take time away from those activities to participate in quality review activities. Therefore, organisations might find it more feasible to involve learners more indirectly in the implementation process, using feedback collected through debriefs and surveys to represent the views of learners on matters of greatest interest and concern to themselves.

34 Who should read the BPCLE Framework?

All individuals that are involved in the organisation, management or delivery of clinical education and training should read the BPCLE Framework. This is particularly the case for staff of health services, but is also true for staff in education provider institutions. The framework provides guidance in relation to six key elements that are the underpinnings of a quality clinical learning environment and addresses the responsibilities of the major stakeholders – health services, education providers, government and learners – in achieving the framework's objectives.