

**Development of an Evaluation Framework  
for  
*Well Placed. Well Prepared: Victoria's Strategic Plan  
for Clinical Placements 2012-2015***

**Final Report**

**June 2013**

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## Abbreviations

BPCLE	Best Practice Clinical Learning Environments
CPN	Clinical Placement Network
DH	Department of Health
EOI	Expression of Interest
EP	Education Provider
ERG	Expert Reference Group
ESG	Evaluation Steering Group
HR	Human Resource
HWA	Health Workforce Australia
IMS	Information Management System
IRCTN	Integrated Regional Clinical Training Networks
KPI	Key Performance Indicator
SBET	Simulation Based Education and Training
SLEs	Simulated Learning Environments
VCPC	Victorian Clinical Placements Council
VCTC	Victorian Clinical Training Council (formerly VCPC)

## 1 Executive Summary

The Department of Health has undertaken significant work to improve the delivery of clinical placements within Victoria since its first formal strategy commenced in 2007. The Victorian Clinical Placements Council (VCPC; now the Victorian Clinical Training Council, VCTC) was established in 2011 with the role of providing strategic leadership and advice on professional-entry student clinical placements in Victoria.

The (then) VCPC's first strategic plan *Well Placed. Well Prepared* sets out an ambitious program for development centred on four strategic priorities: support innovation; enhance capacity; ensure and improve quality; and, strengthen governance. These strategic priorities are enabled through data and information and funding support.

The primary objective of this project was the development of an evaluation framework that will be used to assess the overall effectiveness of the implementation of *Well Placed. Well Prepared*. The framework should enable an assessment of the plan's success against its stated outcomes, including identification of appropriate performance indicators.

In the main, this report presents the evaluation framework developed in the course of this project, and also briefly describes the results of the consultation and other processes used to inform development of the framework and its associated indicators.

Stakeholder consultation was focused on a series of workshops open to stakeholders across the state that examined each of the main initiatives under *Well Placed. Well Prepared*, as well as the plan as a whole. Using input from the workshops and other information sources, a *project logic model* approach was used to develop an evaluation methodology, encompassing performance indicators for the evaluation framework.

This process resulted in an initial list of 103 indicators across the nine main initiatives and strategic plan. A subset of 49 high priority indicators was identified as the key measures for measurement in the mid-term and final evaluations. Following feedback received from stakeholders, including Departmental staff, the list of indicators was refined to a total of 88, with 49 remaining as high priority.

In addition to presenting the finalised list of proposed indicators and associated specifications, the evaluation framework includes:

- A preamble;
- Statement of purpose;
- Glossary of terms;
- A set of four underpinning principles;
- Discussion of factors that may influence the outcomes of *Well Placed. Well Prepared*;
- Recommendations on data collection, analysis and reporting for the purposes of evaluation (including draft data collection tools); and
- A discussion on roles and responsibilities in relation to implementation of the framework.

The framework has been drafted and presented with an expectation it will be published as a stand-alone document.

The following key points are noted with respect to the implementation of the evaluation framework:

- The framework will need to be implemented carefully to minimise the burden on stakeholders and to limit the experience of *evaluation fatigue* amongst stakeholders. The purpose of different evaluation activities also needs to be clearly communicated to the different stakeholder groups.
- An overall evaluation steering group is recommended to oversight the implementation of the evaluation framework as a whole. This group will be responsible for providing advice and direction on a range of evaluation issues as the mid-term and final evaluations are planned and conducted, but primarily will provide guidance on interpreting the results of the evaluation and the implications for future clinical placement strategy.

- A targeted communication strategy should be developed to facilitate understanding and buy-in amongst the key stakeholder groups.
- A broad implementation plan that highlights the major tasks required to ensure the completion of the mid-term evaluation by the end of 2013, is provided and discussed.

This report also includes a draft stakeholder survey and outlines for relevant data collection tools.

## 2 Introduction

### 2.1 The context of the Victorian strategic plan for clinical placements

In 2007, the Victorian Department of Human Services (now Department of Health; the department) unveiled a comprehensive strategy aimed at enhancing the capacity and quality of clinical placements across all health disciplines in Victoria<sup>1</sup>. This strategy incorporated five main streams of activity: improving evidence and planning; building capacity; improving funding models and structures; relationships and governance; and, promoting innovation. The implementation of this strategy saw significant progress in creating new resources and structures to support clinical placements in Victoria.

The Victorian Clinical Placements Council (VCPC) was established in 2011 with a stated purpose to “provide statewide strategic leadership and advice on professional-entry student clinical placements across health disciplines. The VCPC became the Victorian Clinical Training Council (VCTC) in 2013. The VCTC will promote and support an efficient and effective clinical placement system with a primary focus being to ensure that the capacity for quality clinical placements meets the supply needs of the health workforce”<sup>2</sup>. The rationale underpinning VCTC’s work program is that Victoria is continuing to perform well in clinical placements; however, there is still the need for continued effort to consolidate and build upon the progress that was made during the first four-year clinical placement strategy.

The (then) VCPC’s first strategic plan *Well Placed. Well Prepared* provides “a roadmap to address the needs and capture the opportunities that have been identified to enhance Victoria’s clinical placement system”. The plan was developed through extensive consultation with a wide range of stakeholders and recognises the major developments within the Victorian health system (i.e. *Victorian Health Priorities Framework 2012–2022*, the *Metropolitan Health Plan*, the *Rural and Regional Health Plan*) as well as the major structural reforms at a national level (e.g. *National Health Reform Agreement*, the *National Partnership Agreement*, the implementation of Medicare Locals and national education and training reforms).

A significant development at the national level that was coincident with the establishment of VCPC was the creation of Health Workforce Australia (HWA). HWA was established with a mandate to help deliver a sustainable health workforce that meets the healthcare needs of Australia.

The current HWA work plan includes a major program in clinical training reform and there is close alignment between HWA’s agenda and the priorities identified in *Well Placed. Well Prepared*.

### 2.2 Purpose of this project

The primary objective of this project was the development of an evaluation framework that will be used to assess the overall effectiveness of the implementation of *Well Placed. Well Prepared*. The framework should enable an assessment of the plan’s success against its stated outcomes, including identification of appropriate performance indicators.

The evaluation framework is also intended to assist in the following:

- Evaluating the mid-term progress against the plan in late 2013.
- Evaluating the overall success upon cessation of the plan in 2015.
- Identifying and attaining efficiencies in operation of constituent elements of the plan.
- Producing a more coherent and coordinated environment for the planning of quality clinical placements in Victoria.

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<sup>1</sup> *Clinical Placements in Victoria: Establishing a Statewide Approach* (2007). Available at: <http://www.health.vic.gov.au/placements/resources/index.htm> (Accessed 24 August 2012)

<sup>2</sup> VCPC Terms of Reference. Available at: <http://docs.health.vic.gov.au/docs/doc/Terms-of-Reference--Victorian-Clinical-Placement-Council> (Accessed 24 August 2012)

The secondary objectives of this project were to:

- Identify relevant oversight arrangements for each of the activities encompassed by the plan, including establishment of, and development of roles and responsibilities for, expert reference groups (ERGs) where appropriate.
- Produce templates, resources and data-collection instruments to facilitate the participation of stakeholders in evaluation activities and to allow (both quantitative and qualitative) data capture in the least burdensome manner.

### 2.3 Development of the structure for the evaluation framework

*Well Placed. Well Prepared* encompasses four strategic priorities:

- Support innovation
- Enhance capacity
- Ensure and improve quality
- Strengthen governance

These strategic priorities are enabled by:

- Data and information
- Funding support

Each of the strategic priorities translates into one or more activities or processes by which the desired outcomes are expected to be achieved.

When considering how best to evaluate *Well Placed. Well Prepared*, the plan was considered as a *program of activities*, united under the agreed Victorian vision and mission for clinical placements and underpinned by the six principles identified within the plan. The strategic plan could then be understood in program logic terms, whereby inputs and processes (or activities) give rise to outcomes. This is shown diagrammatically in Figure 1.

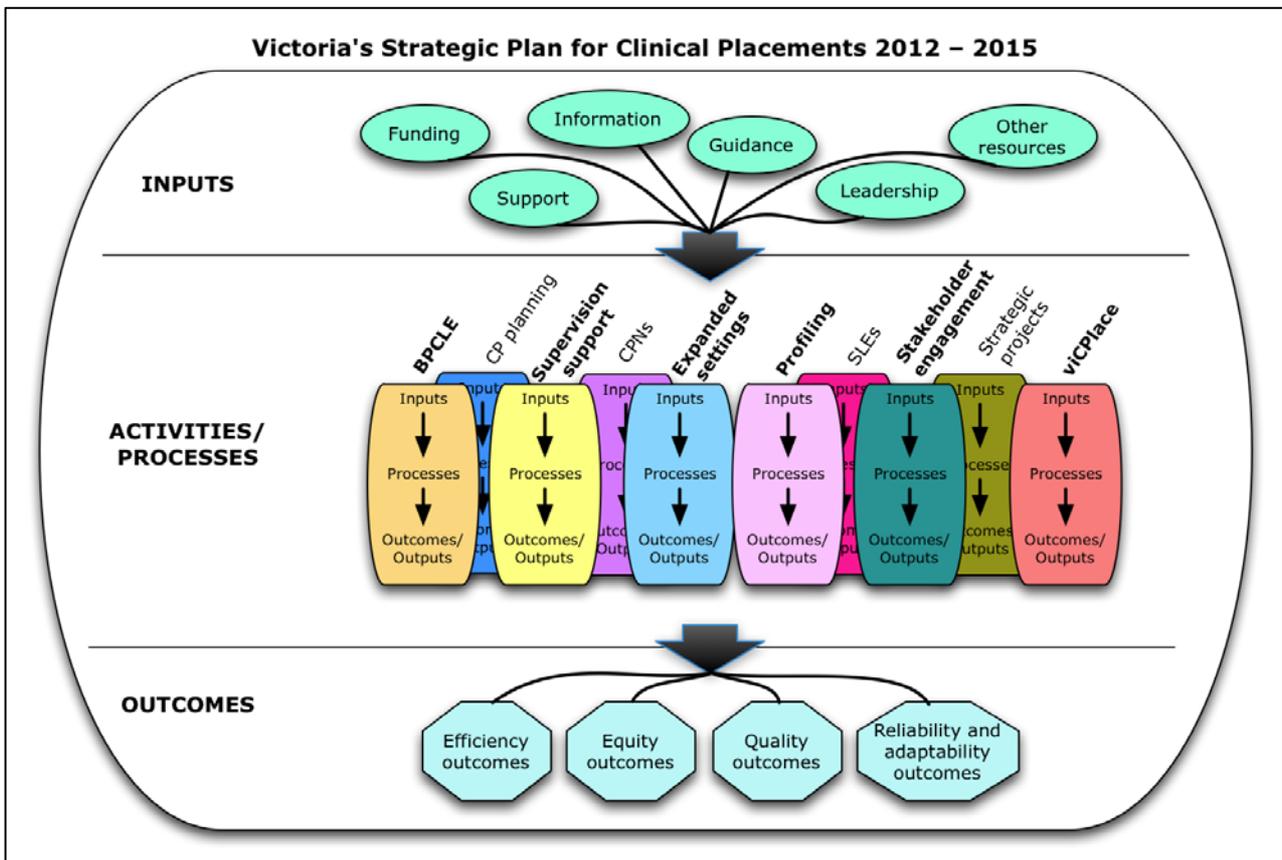


Figure 1: An overview of the Victorian strategic plan for clinical placements, showing the layers that must be factored into the evaluation framework.

As can be seen, the processes/activities of *Well Placed. Well Prepared* are actually the various initiatives that are currently underway in Victoria. Moreover, each of those activities is itself a program that can be understood in program logic terms as a progression from inputs, through activities or processes, to outputs and outcomes. There is additional complexity owing to the interrelationship between some of the activities, whereby outputs from one activity serve as inputs or enablers for another activity. In this way, the overall outcomes of this strategic plan are expected to amount to more than the sum of the parts.

This understanding of the Victorian strategic plan for clinical placements was central to development of an appropriate evaluation framework, since it reveals there are two levels of evaluation that must be included in the framework. That is, there should be an evaluation at the level of individual initiatives (such as the BPCLE Framework, CPNs, strategic projects, etc.), as well as an evaluation at the level of the whole plan that addresses how well the individual aspects of the plan have come together to produce the overall desired outcomes. If both levels are not included in the evaluation, the evaluation results will be significantly less informative and the objectives of evaluation are less likely to be realised.

In considering the evaluation at the level of individual initiatives, it is important to take into account that a number of the initiatives have evaluation components built into their development and implementation. In those instances, it may be possible to tap directly into those evaluations without need for refinement or addition, to provide data about that aspect of *Well Placed. Well Prepared*. However, it is known that some of the initiatives (e.g. the BPCLE Framework) do not have an established evaluation framework (Note: the BPCLE Performance Monitoring Framework is for health services to assess their own performance against the BPCLE Framework, not for the purposes of assessing the overall roll-out and implementation of the BPCLE Framework initiative).

## 3 Approach and Methodology

### 3.1 Project conduct and oversight

The project was undertaken by Darcy Associates Consulting Services, who assembled a team of two consultants, Dr Donna Cohen and Mr Phil Cohen, to conduct the project. Dr Cohen was responsible for project management, liaison with DH officers and was the primary point of contact for project participants and stakeholders.

The project team worked through Mr Mahyar Goodarz (Senior Policy Advisor, Sector Workforce Planning Branch) who, together with other senior managers of the Branch, provided oversight for the project. The project was conducted in the period September 2012 to April 2013.

### 3.2 Overall approach

The approach to the conduct of this project was drawn from evaluation literature indicating there are five key elements to an effective evaluation framework. These are:

#### 1. *Engagement with stakeholders.*

Stakeholders are more likely to buy into and support an evaluation framework if they are involved in the evaluation process from the beginning. The stakeholders selected for engagement can be as wide ranging as possible or limited to a specific group that are most directly involved with the particular program or policy being evaluated. Effective engagement with stakeholders will produce a range of outcomes, including:

- Identification and prioritisation of key evaluation questions;
- Identification of practical data sources and data collection methods;
- Increase the credibility of the evaluation; and
- Increase the likelihood of the results of the evaluation being effectively utilised.

#### 2. *Identification of a program logic model.*

A *program logic model* is a diagrammatic representation of how the program or policy is intended to work, showing how the theoretical assumptions/principles and program activities/processes are linked to the program outcomes. Program logic models are particularly useful when the program being evaluated has intangible or long-term outcomes (as is the case with clinical placements) that will not be achieved for some time, since the model will serve as the basis for evaluating the measurable aspects of implementation that are prerequisites for the expected program outcomes.

*Program logic maps* usually have the following core features:

- *Inputs* – resources required for program implementation
- *Activities* – the actual interventions and initiatives that are implemented
- *Outputs* – the direct products produced as a result of the activities
- *Outcomes* – short-term, medium and long-term demonstrable changes, impacts, or results of program implementation

#### 3. *Performance Indicators*

A key challenge in designing an evaluation framework is the identification of measures – or indicators – that will provide credible information about progress, problems and future potential.

The following general principles are useful in developing indicators:

- Indicators from at least two of the three categories – *structural*, *process* or *outcome* – should be developed for each objective of a program.
- Indicators should be measurable and limited to factors within the control of the system.
- Structural and process indicators should be outcome-focussed; measurement for measurement's sake should be avoided.
- Indicators need to be clear, understandable, credible and reliable.

#### 4. A system to collect the performance information

Having identified the key evaluation questions and associated performance indicators, the next step is to describe how the required measurements or data collection will occur. This includes identifying the specific data sources and methods, associated responsibilities (the individuals and/or organisations that are expected to provide data) and the timelines for the collection and reporting of the performance information.

#### 5. Planning for utilisation of the results

The continued engagement of stakeholders with an evaluation framework is important if the results and lessons learnt through conducting the evaluation are to be implemented. It is important to build a broad communication and dissemination plan as part of the evaluation framework. This enables stakeholders to build the evaluation findings into their own planning processes.

### 3.3 Methodology

The five elements of the project approach were distilled into three major categories of activities, namely the collection of stakeholder input to inform the development of the program logic maps and the evaluation framework, the development of a set of indicators that will form the centrepiece of the framework, and the drafting of the framework document. The methods used for each of these activities are described in the following sections.

#### 3.3.1 Stakeholder input

The first stage of the project involved the conduct of consultation workshops with stakeholders from across Victoria's clinical education community. Workshops were conducted for each of the major initiatives being conducted under the auspices of *Well Placed. Well Prepared*, with one workshop also addressing the overall strategic plan. The workshops had two main purposes.

Firstly, the workshops were a means of obtaining valuable information from stakeholders about the *program logic* that underpins *Well Placed. Well Prepared* and the initiatives that sit within the plan. Given that stakeholders are at the *coalface* actually implementing the clinical placement initiatives, it was reasoned they are best placed to provide the detailed input that would enable accurate program logic maps to be produced for each of the major initiatives under *Well Placed. Well Prepared*. Therefore, stakeholder input was sought for each initiative in relation to:

- The desired outcomes for the initiative.
- The intended impacts for the initiative.
- How the initiative is being resourced and conducted (i.e. what are the major activities and processes being undertaken).

Secondly, the workshops sought input from stakeholders on a range of issues, including:

- Evaluation processes already established for the initiatives and whether these can be utilised in the overall evaluation of the clinical placement strategic plan.
- Suggestions for appropriate indicators, data sources and data collection methods.
- Suggestions for appropriate oversight of the evaluation.

Participants for the workshops were identified through an expression of interest (EOI) process, coordinated by the Department of Health. Stakeholders from health services and education providers were invited to register their interest for the workshops through completion of an online form. Individuals who wished to attend more than one workshop were asked to rank their preferences, in the event particular workshops were over-subscribed. The EOI process was open in the period 17–30 October 2012.

In addition to stakeholders from health services and education providers, Departmental staff from the Sector Workforce Planning Branch and the 11 CPN Coordinators also attended each of the workshops. Two of the workshops involved only Departmental staff and CPN Coordinators (as indicated in Table 1). The workshops were conducted in the period 15–23 November 2012.

**Table 1: Workshops conducted for the purposes of stakeholder consultation**

Date	Evaluation Framework Component	Stakeholders
15 Nov	Overall strategic plan; clinical placement planning; BPCLE Framework; viCPlace	SWP branch staff and CPN Coordinators
19 Nov	Simulated Learning Environments	Open to all stakeholders
19 Nov	Supervision support	Open to all stakeholders
20 Nov	Data and information	Open to all stakeholders
22 Nov	Clinical Placement Networks	CPN Coordinators
23 Nov	Expanded settings	Open to all stakeholders
23 Nov	Rural initiatives	Open to all stakeholders

Relevant program managers and other individuals from Health Workforce Australia (HWA) were also invited to attend the workshops. However, as it was not possible for any HWA staff members to attend in person (and videoconferencing was not available for these workshops), it was agreed to conduct a separate teleconference with HWA staff on 28 November.

All workshops followed a generic format, although workshop content was amended to reflect the particular strategic plan initiative under consideration in each session. The main sessions included in the agenda for each workshop were:

- An introduction and background to *Well Placed. Well Prepared* presented by a senior member of the Sector Workforce Planning Branch, Department of Health.
- Overview of the timeline and process for developing the evaluation framework.
- Introduction to the technique of program logic mapping being employed within the workshops, using a simple worked example.
- A facilitated discussion of the major inputs, processes and activities, outputs/outcomes and overall objectives for the particular initiative, to produce a program logic map using the DoView<sup>3</sup> software.
- Identification of potential indicators for that strategic plan component to be included in the evaluation methodology.
- Discussion of how the results of evaluation could be most effectively utilised by stakeholders.

### 3.3.2 Development of the indicators and the draft evaluation methodology

Following the completion of the stakeholder workshops, the next stage of the project consisted of drafting the evaluation methodology that will be central to the evaluation framework, particularly the performance indicators by which the success of *Well Placed. Well Prepared* will be measured. The consultants undertook the following tasks to generate the draft evaluation methodology:

- Completion of the program logic maps from each workshop, including ensuring consistent terminology and inserting all the appropriate links between different components within each map.
- Drafting a set of evaluation questions that will be addressed by the evaluation.
- Development of a comprehensive list of potential indicators for each of the main initiatives and the overall strategic plan, using the list of indicators that were produced in the workshops as a starting point. At least one structural, process and outcome indicator was developed for each major initiative within the plan and for the plan as a whole.
- From the list of potential indicators, a sub-set of *high priority* indicators was identified as the key measures required for an effective evaluation of *Well Placed. Well Prepared*.
- Development of detailed specifications for each high priority indicator, identifying the indicator type (structural, process or outcome), rationale for inclusion of the indicator, data source, data collection method, suggested format for reporting (numerator and

<sup>3</sup> See <http://www.doview.com>

denominator, as appropriate), suggested disaggregation required for reporting indicator results and any issues potentially impacting on the reporting or interpretation of the indicator.

Following review by Departmental staff, the draft evaluation methodology was released for stakeholder comment during the period 15 December 2012 – 15 February 2013. Feedback was collected from stakeholders through:

- An online survey;
- Written submission using a feedback proforma.

### **3.3.3 Development of the Evaluation Framework**

During the consultation period for the draft evaluation methodology, development of the evaluation framework was completed. The framework incorporated the following content:

- Preamble – providing relevant background on *Well Placed. Well Prepared*.
- Program evaluation – providing a general overview of the methodologies relevant for developing evaluation frameworks.
- Purpose of the evaluation framework – explaining the intent of the document and the main evaluation questions to be addressed in the framework.
- Terminology – a glossary of terms used in the framework document.
- Principles – identifying the key assumptions that underpin the framework.
- Factors influencing outcomes – identifying key factors that will impact on the ability of the project to meet its objectives and effectively setting the limits for the evaluation framework.
- Measurement: key performance indicators – setting out proposed indicators and showing their alignment to the different initiatives within *Well Placed. Well Prepared*.
- Data collection, analysis and reporting – including recommendations on when and how data should be collected, analysed and reported.
- Roles and responsibilities – indicating the responsibilities of the major stakeholder groups in implementation of the framework.

The draft evaluation framework was provided to senior managers for comment before being presented in its final form to the VCTC in March 2013.

## 4 Summary of outcomes

This section provides only a brief summary of the outcomes of this project, since the major project deliverable was the evaluation framework, which is presented in Section 5. Indeed, most of the information collected through the stakeholder workshops and various feedback processes was used to inform the drafting and refinement of the framework document and does not warrant review or discussion in its own right.

### 4.1 Workshop outcomes

#### 4.1.1 Workshop attendance

A total of 89 individuals registered to attend the workshops and all registrants were accommodated with at least one of their nominated preferences. Table 2 summarises the number of stakeholders (by category) that attended each workshop. The full list of attendees is provided in Appendix 1.

**Table 2: Workshop attendees by stakeholder category**

Workshop	Dept of Health	CPN coordinators	Health services	Education providers
Overall strategic plan, BPCLE Framework, clinical placements planning, viCPlace	9	10		
Simulated Learning Environments	3	3	9	4
Supervision support	3	4	9	5
Data and information	4	3	5	3
Clinical placement networks (CPNs)	3	9		
Expanded settings	3	4	5	2
Rural initiatives	2	4	5	2

#### 4.1.2 Development of program logic maps

Experience with program logic mapping varied amongst participants in the workshops; generally no more than half the participants indicated some prior experience, although no one reported having previously used the DoView software.

Each session of program logic mapping commenced with a review and discussion of the objectives for the specific initiative. The draft program logic maps had been pre-populated by the consultants with objectives based on information received from the Department of Health and workshop participants were asked to reflect on whether the pre-populated objectives reflected their knowledge and experience of the initiative. In most workshops, participants identified additional major (or *meta*) objectives to add to or replace those originally included in the map.

On a number of occasions, objectives were proposed that were actually too high level for the initiative being discussed. That is, although it may be the case that the particular initiative contributes to the proposed objective, the achievement of the objective requires inputs and processes that are not within the scope or control of the particular initiative. An example of this was in the data and information workshop where participants initially suggested the objective: “delivery of clinical training is aligned to workforce need”. While having reliable, accurate and relevant data and information will undoubtedly contribute to such an objective, there are many inputs and processes other than those that sit within the data and information initiative that are required for its achievement. When high level objectives were proposed, the consultants identified them as such and encouraged participants to focus on objectives that are within the control of the initiative being considered.

Following the discussion and agreement of major objectives, the process of completing the rest of the program logic map was undertaken. As a rule, this would start with identification of the major inputs into the system and then working through the activities and processes that

connect and convert the inputs to outputs and outcomes. However, discussion often ranged in a non-sequential fashion, with participants often nominating outputs or processes before they identified structural inputs.

There were no workshops where it was possible within the time available (just under two hours of work time) to complete an entire program logic map. Several of the workshops were able to complete the identification of all the major inputs, activities/processes, outputs/outcomes and objectives, but creation of all the links between the various components within the map was not completed. The maps were completed by the consultants following each workshop (see Appendix 2).

Participants in three workshops requested receiving a copy of the draft program logic map to undertake further consideration and potentially provide further input to the map prior to circulation of the draft evaluation methodology. The preliminary maps were provided where requested, although no additional feedback was received at this stage from any of the workshop participants.

#### **4.1.3 Indicator identification**

In all workshops, participants were able to suggest a number of structural, process and outcome type indicators. Time did not permit any prioritising or refinement of the proposed indicators within the workshop. Similarly, there was only very limited discussion (and only in a small number of the workshops) around the specific data requirements and data sources for the proposed indicators.

#### **4.1.4 Utilisation of evaluation results**

As it transpired, the time required for program logic mapping in each workshop meant there was insufficient time to conduct a meaningful discussion on evaluation oversight or mechanisms to ensure evaluation result are appropriately communicated to stakeholders and utilised. Instead, the consultants suggested participants give some thought to the following questions, with a view to providing feedback on these issues as part of their feedback on the draft evaluation methodology:

- How should the oversight of evaluation for these initiatives be managed?
  - Are there existing mechanisms?
  - Are expert advisory groups required?
- Communication of evaluation results:
  - How best to provide evaluation results to stakeholders?
  - How should feedback on evaluation results from stakeholders be captured?
  - How will it be determined whether evaluation results are utilised by stakeholders?

#### **4.1.5 Other issues**

Aside from comments relating to specific initiatives or indicators that would need to be factored into the evaluation methodology or the evaluation framework more broadly, stakeholders raised two issues of general concern.

The first issue was in relation to the absence of the *patient* from the program logic maps, with several workshop participants expressing the view that patients should be shown either as an input or as being involved within activities/processes in the maps. The consultants pointed out that although patients are a vitally important part of the process of delivering clinical placements, the program logic maps depict the implementation of various initiatives, not the delivery of clinical education. Similarly, while the ultimate goal of health workforce development is to improve the experience and health outcomes for patients, this does not translate into a role for patients in the design or delivery of initiatives aimed at improving the management and administration of the clinical placement system.

The second issue concerned terminology and language usage. For example, in the Expanded Settings workshop, the term *health and social care* was suggested as a way of describing the complete range of settings where clinical placements could occur. However, this term was not

universally accepted amongst participants. The consultants noted that terminology has been an issue for most initiatives conducted under *Well Placed. Well Prepared* and in some instances (e.g. the BPCLE Framework and the SLE strategic plan) this has usually been dealt with through the inclusion of a glossary of terms in relevant documents.

#### 4.1.6 Teleconference with HWA

Prior to the teleconference on 28 November 2012, HWA was provided with copies of the program logic maps that were developed during the workshops (with some refinements by the consultants in the interim).

The teleconference commenced with the consultants providing a review of the project to date. Individual HWA staff members then provided comments and raised a number of questions, including:

- There was general agreement by HWA staff that the program logic maps appeared comprehensive and should facilitate development of an effective evaluation methodology.
- Whether representatives from Aboriginal health services and relevant professional or peak organisations were specifically invited to participate in the workshops. The consultants indicated that information about the workshops was circulated to the entire clinical placement stakeholder database for Victoria and therefore indigenous or peak organisations had been invited if they were included in the database, but were not specifically invited to participate. The Department was able to subsequently clarify that indigenous and peak organisations are included in the database and therefore received invitations to the workshops, although no stakeholders from these organisation registered an EOI to attend.
- Whether the evaluation methodology will collect data that will address the alignment of health workforce supply and demand (a major objective for HWA). The consultants agreed that an effective and efficient clinical placements system will contribute to objectives around the alignment of health workforce supply and demand. However, they noted that health workforce supply and demand depends on a number of factors, most of which are beyond the control of the clinical placements system. The consultants indicated that, as far as practicable, there would be indicators within the evaluation methodology that will address issues of workforce supply and demand.
- In relation to the Supervision Support initiative, there was some concern that *learners* are not a particularly prominent feature of the program logic map. There was some discussion on this point and the consultants noted that while *feedback from learners* is an important input that should inform the design of supervisor training programs, learners themselves are not expected to participate in the design or delivery of appropriate training programs for their clinical supervisors.
- The evaluation framework should demonstrate how the overall objectives for *Well Placed. Well Prepared* relate to HWA's objectives (particularly the HWA clinical training program objectives).

## 4.2 Feedback on the draft methodology

While there were only a limited number of stakeholders who actually provided feedback on the draft evaluation methodology, the nature of their responses was overwhelmingly positive.

The results from the different feedback mechanisms are summarised below:

- A total of eight respondents provided feedback through completing, or partially completing, the online survey. All of these people had attended at least one of the consultation workshops. Respondents were supportive of the overall methodology and provided a number of specific comments on individual indicators as well as some more general comments about the conduct of the evaluation. The consultants considered all of the comments received and where appropriate, made amendments to the draft methodology.
- Importantly, the eight survey respondents did not provide any comments or suggestions on how the results of the evaluation could be effectively utilised by stakeholders. Similarly, there were no comments on how the oversight arrangements should be managed by the Department.

- One written submission was received which related only to the expanded settings initiative and the need to ensure the quality of clinical placements is factored into the objectives for this initiative.
- A teleconference was conducted with HWA on 6 February 2013 to discuss the draft methodology. HWA staff members noted the comprehensiveness of the methodology and had no suggested amendments for the draft indicators. HWA staff provided some advice around ensuring there was effective alignment between the VCTC's evaluation activities and the evaluation activities of HWA.

In addition to the stakeholder feedback, Departmental staff reviewed the draft evaluation methodology. As a result of clarification of some issues by Department staff members, a total of 15 indicators were deleted from the initial list of 103 indicators.

### **4.3 Completion of the Evaluation Framework**

The draft evaluation framework, incorporating the refined list of outcomes and indicators as well as contextual information to support the framework's implementation, was provided to Sector Workforce Planning Branch senior managers for comment. Following review and amendment, the final evaluation framework was provided to the (then) VCPC for consideration at their meeting in March 2013.

The finalised Evaluation Framework is presented in full in Section 5. It is anticipated the framework will be utilised as a stand-alone document and therefore there is some reiteration of ideas and information in the framework that are presented elsewhere in this project report.

## 5 The Evaluation Framework

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## 5.1 Preamble

The Victorian Clinical Placements Council (VCPC) was established in 2011 with a stated purpose to “provide statewide strategic leadership and advice on professional-entry student clinical placements across health disciplines. The VCPC became the Victorian Clinical Training Council (VCTC) in 2013. The VCTC will promote and support an efficient and effective clinical placement system with a primary focus being to ensure that the capacity for quality clinical placements meets the supply needs of the health workforce”<sup>4</sup>. The rationale underpinning VCTC’s work program is that Victoria is continuing to perform well in clinical placements; however, there is still the need for continued effort to consolidate and build upon the progress that was made during the first four-year clinical placement strategy.

The (then) VCPC’s first strategic plan *Well Placed. Well Prepared.* provides “a roadmap to address the needs and capture the opportunities that have been identified to enhance Victoria’s clinical placement system” which should ensure that high-quality clinical placements are delivered to students. In addition, the plan is intended to provide the context and platform for the VCTC’s policy responses to issues impacting on clinical placements in Victoria for the next few years.

The strategic plan encompasses four strategic priorities:

- Support innovation
- Enhance capacity
- Ensure and improve quality
- Strengthen governance

These strategic priorities are enabled by:

- Data and information
- Funding support

The plan was developed through extensive consultation with a wide range of stakeholders and recognises the major developments within the Victorian health system (i.e. *Victorian Health Priorities Framework 2012–2022*, the *Metropolitan Health Plan*, the *Rural and Regional Health Plan*), as well as the major structural reforms at a national level (e.g. *National Health Reform Agreement*, the *National Partnership Agreement*, the implementation of Medicare Locals and national education and training reforms).

A significant development at the national level that was coincident with the establishment of VCPC was the creation of Health Workforce Australia (HWA). HWA was established with a mandate to help deliver a sustainable health workforce that meets the healthcare needs of Australia.

The HWA work plan includes a major program in clinical training reform and there is close alignment between HWA’s agenda and the priorities identified in *Well Placed. Well Prepared*. Within clinical training reform, HWA is focusing on four main areas:

- Clinical training funding
- Simulated Learning Environments
- Integrated Regional Clinical Training Networks (IRCTNs)
- Clinical Supervision Support Program

In terms of organisational governance, VCTC and HWA have cross-representation, while at an operational level, HWA and VCTC are working cooperatively in all four program areas. This includes ongoing communication and extensive sharing of information. Importantly for this evaluation framework, the cooperative relationship between VCTC and HWA also extends to evaluation, where there is agreement to prevent duplication of effort and, where possible, to leverage off each other’s evaluation activities.

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<sup>4</sup> VCPC Terms of Reference. Available at: <http://docs.health.vic.gov.au/docs/doc/Terms-of-Reference--Victorian-Clinical-Placement-Council> (Accessed 24 August 2012)

## 5.2 Program evaluation

### 5.2.1 Overview

Program evaluation is a process for collecting, analysing and using information to answer questions about projects, policies and programs, particularly about their effectiveness and efficiency. Evaluation may involve quantitative and/or qualitative methods of research. The most common approach is to collect quantitative evidence on observable, measurable aspects of a program, although *interpretive* approaches that capture qualitative evidence about the perspectives, experiences and expectations of stakeholders are also commonly used.

Evaluation can be conducted at any time in the life of a program, although the focus will differ depending on the timing. For example, evaluations conducted early (during or at the completion of the establishment phase) are more likely to deal with *structural* or *process* aspects of the program (*formative* evaluation) and will investigate infrastructure components and address issues about how well the delivery of the program matches the intent. On the other hand, evaluations conducted later in the implementation of a program can focus on both formative issues and on *outcomes* (*summative* evaluation), to determine whether the program delivered the expected or anticipated results.

In general, program evaluation should:

- Reveal what a program actually does (and how it does it).
- Determine which elements of a program work/don't work well.
- Determine factors contributing to successes/failures/problems.
- Provide evidence of the program's effectiveness and how it benefits stakeholders.
- Encompass any statutory or non-statutory monitoring requirements for the program, as determined by relevant regulatory, funding or auspicing agencies.

### 5.2.2 Evaluation frameworks

While evaluation can be an *ad hoc* activity, greater benefit is derived when an *evaluation framework* is developed to provide structure for the process. An evaluation framework not only *characterises* the evaluation (in terms of the program components to be evaluated and the activities that comprise the evaluation), it also *contextualises* the evaluation, defining the scope, purpose and principles (or assumptions) upon which the evaluation is based.

A key challenge in designing an evaluation framework for a program is the identification of measures – or *indicators* – that will provide credible information about progress, problems and potential. The following general principles are useful in developing indicators:

- Indicators from at least two of the three categories – *structural*, *process* or *outcome* – should be developed for each objective of the program.
- Indicators should be measurable and limited to factors within the control of the system.
- Structural and process indicators should be outcome-focussed; measurement for measurement's sake should be avoided.

Depending on the nature of the program, outcome measures can be difficult to identify, since a program's objectives often involve medium- to long-term goals. Moreover, the interpretation of data relating to outcomes is often confounded by external factors beyond the control of the program.

Although an evaluation framework is essential for providing the overall structure for a program evaluation, the framework should not constrain the process such that it prevents opportunities to develop innovative approaches as the evaluation proceeds. A robust evaluation framework will be flexible and responsive to changing circumstances and priorities as they emerge over time. This is particularly the case when the system or program being evaluated is complex, as is the case with clinical education and training in Victoria, where there are a large number of organisations and interests both within the state and at the national level.

## 5.3 Purpose of the evaluation framework for *Well Placed. Well Prepared*

### 5.3.1 Overview

Aside from the more generic aim of providing structure for the evaluation of the Victorian strategic plan for clinical placements, the purpose of this evaluation framework is to assist in:

- Evaluating mid-term progress against the plan;
- Evaluating overall success upon cessation of the plan;
- Attaining efficiencies in operation of constituent elements of the plan; and
- Developing a more coherent and coordinated environment for the planning of quality clinical placements in Victoria.

To ensure these purposes are fulfilled, the evaluation framework must:

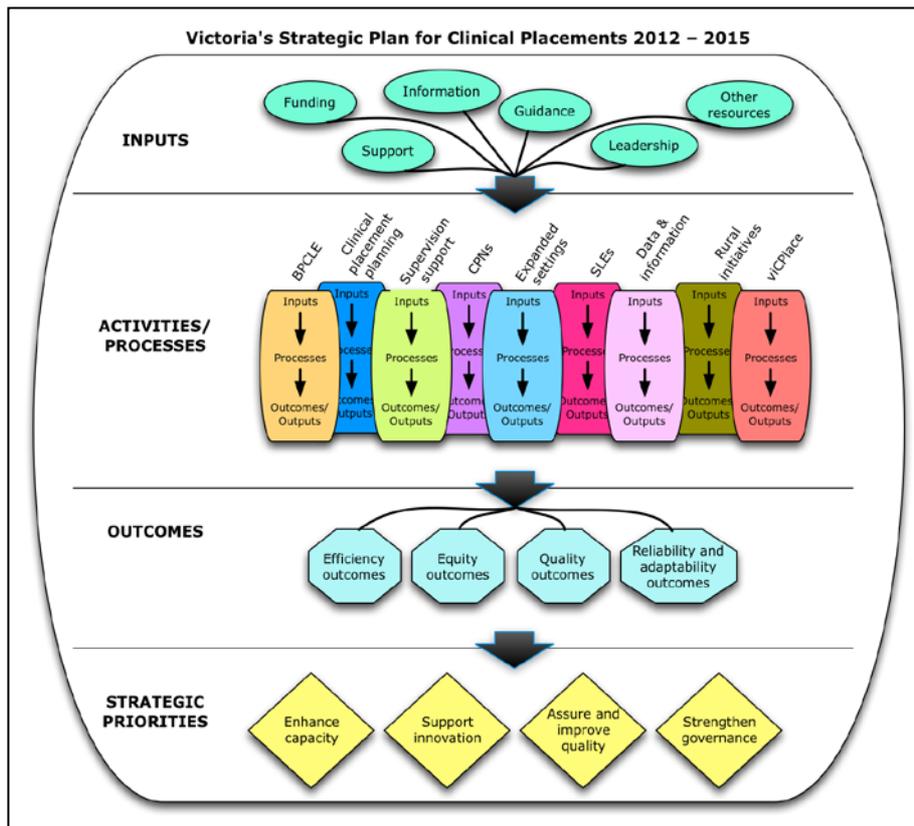
- Be based on a program logic that demonstrates the relationship between the *input* and *output* aspects of *Well Placed. Well Prepared*;
- Be developed early enough in the implementation of *Well Placed. Well Prepared* to ensure adequate baseline data can be collected for later comparison and ensure evaluation-related activities are built into the core business of all initiatives conducted under *Well Placed. Well Prepared*;
- Include a set of performance measures/indicators relevant to continuous improvement and identify which indicators are likely to be relevant to different stages of strategic plan implementation and how these align with each of the four strategic priorities and two enablers.
- Identify processes by which data for evaluations can be collected.
- Identify how the evaluation results can best be analysed and reported to stakeholders to drive improvement in ongoing processes and future planning; and
- Provide guidance about appropriate oversight arrangements for the conduct of evaluations.

In developing this evaluation framework, it is important to recognise that it is not the strategic priorities and enablers set out in *Well Placed. Well Prepared* that are directly evaluated or measured, since these only provide the conceptual framework within which activities can purposefully be conducted. Rather, it is the initiatives or activities that have been identified as likely to produce the desired outcomes that are the subject of evaluation.

Figure 2 presents the conceptual framework of *Well Placed. Well Prepared* in *program logic* terms, whereby inputs and processes (or activities) give rise to outcomes. In the figure, the enablers of *data and information* and *funding support* are shown as inputs, while the strategic priorities define the ultimate intent of the system. Indeed, the strategic priorities are likely to remain priorities beyond the tenure of the current strategic plan; only the initiatives that are undertaken to address the strategic priorities will change over time.

As can be seen, the processes/activities of *Well Placed. Well Prepared* are actually the various clinical placement initiatives. Moreover, each of those activities is itself a program that can be understood in program logic terms as a progression from inputs, through activities or processes, to outputs and outcomes. There is additional complexity owing to the interrelationship between some of the activities, whereby outputs from one activity serve as inputs or enablers for another activity. Thus, through linkages and leveraging, the overall outcomes of this strategic plan are expected to amount to more than the sum of the parts.

This conceptual understanding of the Victorian strategic plan for clinical placements is central to development of an appropriate evaluation framework, since it reveals there are two levels of evaluation that must be included in the framework. That is, there is an evaluation at the level of individual initiatives (such as the BPCLE Framework, CPNs, viCPlace, etc.), as well as an evaluation at the level of the overall plan that addresses how well the individual aspects of the plan have come together to produce the overall desired outcomes.



**Figure 2: Conceptual framework for *Well Placed. Well Prepared*, showing the nested initiatives through which *Well Placed. Well Prepared* is being realised.**

Not only is there significant interrelationship between the various initiatives, there is also a high degree of overlap between the strategic priorities, with the various initiatives contributing to more than one priority. This is shown in Table 3. This overlap has important implications for the evaluation framework, since it will be difficult to measure the extent to which the achievement of a particular outcome is attributable to any single initiative or program.

**Table 3: Alignment between strategic priorities and enablers of *Well Placed. Well Prepared* and the major initiatives.**

	Support innovation	Enhance capacity	Assure and improve quality	Strengthen governance	Data and information	Funding support
<b>Initiative</b>						
Clinical placement planning		X			X	X
viCPlace		X			X	X
Supervision support		X	X			X
Expanded settings	X	X	X			X
Rural initiatives	X	X	X			X
CPNs	X	X	X	X	X	X
BPCLE		X	X			X
SLEs	X	X	X			X
Data and information	X	X		X	X	X

Note: Bold "X" signifies the initiative is specifically referred to in the relevant section of *Well Placed. Well Prepared*.

Importantly, development of this framework has taken account of the evaluation component built into the development and implementation of a number of the constituent initiatives within *Well Placed. Well Prepared*. As far as practicable, established data collection systems and reporting regimes have been incorporated into this framework and indicators that can provide useful information for more than one component of *Well Placed. Well Prepared* have been identified.

Although the indicators set out in this evaluation framework may be useful for ongoing monitoring of the Victorian clinical placement system, this framework has principally been developed to guide the conduct of an initial evaluation at the mid-term of *Well Placed. Well Prepared* (late 2013) and a subsequent evaluation at the end of *Well Placed. Well Prepared* (late 2015).

### 5.3.2 Evaluation questions to be addressed

As a starting point for developing specific indicators, *evaluation questions* that should be addressed by the evaluation were developed. These questions provide scope for both the *formative* (i.e. relating to inputs and processes) and *summative* (i.e. relating to impacts and outcomes) aspects of the evaluation. Sets of questions were identified for the overall strategic plan, as well as for each of the nine major constituent initiatives, as set out in Table 4.

**Table 4: Evaluation questions to be addressed through the evaluation**

Evaluation type	Evaluation questions
<b>Overall strategic plan</b>	
Formative	<ul style="list-style-type: none"> <li>▪ How useful was <i>Well Placed. Well Prepared</i> in guiding the reconfiguration of the Victorian clinical placement planning system?</li> <li>▪ How well was the plan communicated to stakeholders?</li> <li>▪ Were governance and management arrangements for implementation of <i>Well Placed. Well Prepared</i> appropriate?</li> <li>▪ Were the resources (human, material, financial) that were needed for successful implementation of <i>Well Placed. Well Prepared</i> properly identified and delivered as required?</li> <li>▪ Were the implementation processes conducted satisfactorily?</li> <li>▪ What barriers or problems impacted negatively on the implementation of <i>Well Placed. Well Prepared</i>?</li> </ul>
Summative	<ul style="list-style-type: none"> <li>▪ Were essential linkages made between the initiatives that sit under the plan?</li> <li>▪ Did implementation of <i>Well Placed. Well Prepared</i> achieve the expected outcomes?</li> <li>▪ What factors contributed to any successes?</li> <li>▪ What changes, if any, would improve the ongoing implementation of <i>Well Placed. Well Prepared</i>?</li> </ul>
<b>Clinical Placement Planning</b>	
Formative	<ul style="list-style-type: none"> <li>▪ Were stakeholders sufficiently well informed to allow the process to proceed as expected?</li> <li>▪ Did viCPlace facilitate the process?</li> <li>▪ Was the Clinical Placement Planning Framework useful in guiding the process?</li> <li>▪ What barriers or problems impacted negatively on the implementation of the planning process?</li> </ul>
Summative	<ul style="list-style-type: none"> <li>▪ Were the principles of the Framework upheld over the course of the process?</li> <li>▪ Were stakeholders satisfied with the process and the outcomes?</li> <li>▪ What factors contributed to any successes?</li> <li>▪ Has the clinical placement planning process improved the efficiency and fairness of arranging clinical placements for nursing?</li> <li>▪ Is the system ready to be rolled out to other disciplines?</li> </ul>
<b>viCPlace</b>	
Formative	<ul style="list-style-type: none"> <li>▪ Were the system requirements sufficiently understood at the commencement of the initiative?</li> </ul>

Evaluation type	Evaluation questions
	<ul style="list-style-type: none"> <li>▪ Did the development of viCPlace proceed according to plan?</li> <li>▪ How well was the system communicated to stakeholders?</li> <li>▪ What factors contributed to any successes during the development and roll out of the system?</li> <li>▪ What barriers or problems impacted negatively on the development and roll out of the system?</li> </ul>
Summative	<ul style="list-style-type: none"> <li>▪ Are stakeholders satisfied with the system?</li> <li>▪ Has the system improved the management of information needed for clinical placement planning, management and administration?</li> </ul>
<b>Supervision Support</b>	
Formative	<ul style="list-style-type: none"> <li>▪ Were the organisational enablers for supervision support (including senior management support and supportive partnerships) in place?</li> <li>▪ Was the National Clinical Supervision Support Framework useful in guiding the implementation of the initiative?</li> <li>▪ Were stakeholders sufficiently well informed about the initiative?</li> <li>▪ What barriers or problems impacted negatively on the implementation of the initiative?</li> <li>▪ What factors contributed to successful roll out?</li> </ul>
Summative	<ul style="list-style-type: none"> <li>▪ Were the training programs for supervisors appropriate and did they address supervisor needs?</li> <li>▪ Was a professional network for supervisors established and did it meet the needs of clinical supervisors?</li> <li>▪ Did the initiative improve (or establish) other support structures for clinical supervisors?</li> <li>▪ Did the initiative improve the competence level of clinical supervisors?</li> <li>▪ Were stakeholders satisfied with the outcomes from the initiative?</li> </ul>
<b>Expanded Settings</b>	
Formative	<ul style="list-style-type: none"> <li>▪ What factors (positive and negative) affected implementation of the CPN initiatives in expanded settings (including in the grants program)?</li> <li>▪ Were expanded settings stakeholders sufficiently well informed about the CPN initiatives?</li> <li>▪ Were Aboriginal Health Services actively engaged?</li> <li>▪ What proportion of target organisations was reached by the CPN initiatives?</li> </ul>
Summative	<ul style="list-style-type: none"> <li>▪ Have health course curricula been successfully revised to accommodate opportunities for placements in expanded settings?</li> <li>▪ Has the BPCLE Framework been a useful tool for expanded settings as they establish or improve their clinical learning environments?</li> <li>▪ What impact have CPN initiatives had on the educational culture of expanded settings?</li> <li>▪ What have been the critical success factors – and barriers – to achieving the objectives of the CPN initiatives in expanded settings?</li> <li>▪ Has participation by expanded settings in clinical placement activities increased?</li> <li>▪ Have CPN initiatives resulted in an appropriate and sustainable distribution of clinical placements across setting types?</li> </ul>
<b>Rural Initiatives</b>	
Formative	<ul style="list-style-type: none"> <li>▪ What factors (positive and negative) affected implementation of CPN initiatives in rural settings (including the Rural Accommodation Infrastructure Program)?</li> <li>▪ Were rural stakeholders sufficiently well informed about CPN initiatives?</li> <li>▪ Were rural Aboriginal Health Services actively engaged?</li> <li>▪ What proportion of target organisations was reached by CPN initiatives?</li> </ul>

Evaluation type	Evaluation questions
Summative	<ul style="list-style-type: none"> <li>▪ Have health course curricula been successfully revised to accommodate opportunities for placements in rural settings?</li> <li>▪ Has the BPCLE Framework been a useful tool for rural settings as they establish or improve their clinical learning environments?</li> <li>▪ What impact has the initiative had on the infrastructure and educational culture of rural settings?</li> <li>▪ What have been the critical success factors – and barriers – to achieving the initiative’s objectives?</li> <li>▪ Has the initiative addressed key issues (such as student accommodation) that have limited the involvement of rural settings in clinical placement activities?</li> <li>▪ Did the initiative result in greater participation by rural settings in clinical placement activities?</li> </ul>
<b>CPNs</b>	
Formative	<ul style="list-style-type: none"> <li>▪ Were CPN Committees appropriately constituted to enable their intended functions?</li> <li>▪ Were CPNs adequately resourced to deliver their defined functions?</li> <li>▪ Were CPN staff sufficiently knowledgeable and skilled to fulfil their role?</li> <li>▪ Were stakeholders adequately informed about the structure and operation of the CPN system?</li> <li>▪ Were stakeholders aware of the various activities conducted by CPNs?</li> <li>▪ What proportion of targeted stakeholders was involved in each CPN-led initiative?</li> </ul>
Summative	<ul style="list-style-type: none"> <li>▪ Did CPNs successfully deliver against their KPIs?</li> <li>▪ Were stakeholders satisfied with the performance of their CPNs?</li> <li>▪ Did the CPN system result in a coordinated and consistent statewide approach to clinical education and training?</li> <li>▪ What have been the critical success factors – and barriers – to achieving the initiative’s objectives?</li> </ul>
<b>BPCLE Framework</b>	
Formative	<ul style="list-style-type: none"> <li>▪ What proportion of stakeholders was aware of the implementation of the BPCLE Framework?</li> <li>▪ Did the pilot implementation process result in tools and processes that will adequately support statewide roll out of the Framework?</li> <li>▪ Was sufficient assistance and support provided to health services as they implemented the Framework?</li> <li>▪ What proportion of targeted health services completed the implementation of the Framework in the required timeframe?</li> </ul>
Summative	<ul style="list-style-type: none"> <li>▪ Were health services able to collect and report against the BPCLE indicators they selected?</li> <li>▪ Did implementation of the BPCLE Framework improve student satisfaction with their clinical placements?</li> <li>▪ Did implementation of the BPCLE Framework change the organisational culture of health services with respect to education?</li> <li>▪ Did implementation of the BPCLE Framework result in a more sustainable clinical placement system in Victoria?</li> <li>▪ Did implementation of the BPCLE Framework improve the overall quality of the clinical placement system in Victoria?</li> </ul>
<b>Simulated Learning Environments</b>	
Formative	<ul style="list-style-type: none"> <li>▪ Were stakeholders adequately informed about the Victorian Strategy for Simulation Based Education and Training (SBET) and funding opportunities?</li> <li>▪ Did the Victorian Strategy for SBET adequately guide the development, and inform the selection, of applications for funding through the SLE funding round?</li> <li>▪ Were statewide mechanisms for coordinating Victorian SBET resources established and did these mechanisms meet the needs of stakeholders?</li> <li>▪ Have quality frameworks been used to drive quality improvement within SLEs?</li> </ul>

Evaluation type	Evaluation questions
Summative	<ul style="list-style-type: none"> <li>▪ Did the initiative result in a more coordinated and sustainable SBET network in Victoria?</li> <li>▪ Has the initiative resulted in further research into educational outcomes relevant to the use of SBET, and the broader body of knowledge concerning SBET?</li> <li>▪ Has the initiative resulted in increased fit-for-purpose utilisation of SBET in health professional courses, both for training and assessment?</li> </ul>
<b>Data and Information</b>	
Formative	<ul style="list-style-type: none"> <li>▪ Was baseline data available at the start of each initiative, to inform policy and program priorities?</li> <li>▪ Were the data and information requirements of the clinical placement system sufficiently understood at the commencement of the initiative?</li> <li>▪ Did the development of the various IMSs proceed according to plan?</li> <li>▪ How well were the systems communicated to stakeholders?</li> <li>▪ What factors contributed to any successes during the development and roll out of each system?</li> <li>▪ What barriers or problems impacted negatively on the development and roll out of each system?</li> </ul>
Summative	<ul style="list-style-type: none"> <li>▪ Are stakeholders satisfied with each IMS?</li> <li>▪ Has the initiative resulted in improvements to the management and application of information needed for clinical placement planning, management and administration?</li> </ul>

## 5.4 Terminology

This section defines terms used in association with clinical education and training, as well as terms used specifically in this evaluation framework, to ensure there is clarity about the scope and intent of evaluation processes. This list is not intended to be an exhaustive list of all terms relevant to clinical education and training but rather to complement the list of terms and acronyms provided in the *Well Placed. Well Prepared* document.

- *Baseline data* – refers to data collected at the commencement of a new initiative, prior to the implementation of any intervention.
- *BPCLEtool* – a web-based resource that has been developed to assist health services with implementation of the Best Practice Clinical Learning Environment Framework and which will be available from mid-2013.
- *Clinical placement* – the time spent by students working under supervision in health and social care services, to enable them to apply and develop their knowledge and skills in practical settings. The term should be interpreted broadly to include *rotations, practicum* and *professional practical experience* and to include placements in non-clinical settings.
- *Education and training* – used interchangeably, although education is usually used in relation to furthering knowledge, while training usually applies to gaining specific skills. In this framework, use of either term covers all possible meanings of both terms.
- *Expanded settings* – primarily refers to non-acute and/or non-public health services that have not traditionally been settings for clinical placements. These include, but are not limited to, Aboriginal Health Services, aged care, mental health, community health and private allied health practices. Expanded settings may be within acute facilities.
- *Funded projects* – projects funded by the Department of Health and HWA within one of five program areas: simulated learning environments, clinical supervision support, expanded settings, small capital and equipment and rural accommodation and infrastructure.
- *Integrated Regional Clinical Training Networks (IRCTNs)* – have been established by Health Workforce Australia in each state and territory to develop local approaches for workforce planning in each region. In Victoria, the IRCTNs have been implemented as the 11 Clinical Placement Networks (CPNs).
- *Placement day* – a commonly used unit of placement activity that is equivalent to a standard day (usually eight hours) of attendance by a single individual in a placement setting. For example, two individuals each spending four hours on placement would be equivalent to one placement day.
- *Report* – a data collection instrument in which respondents provide factual information in narrative, graphical or tabular form.
- *Rural initiatives* – a range of infrastructure and student accommodation projects aimed at increasing the capacity and capability of rural health services to participate in and contribute to the clinical placement system in Victoria.
- *Supervision support* – a range of initiatives that aim to increase the number of supervisors, and the capacity and quality of supervision that is provided to learners during their clinical placements.
- *Survey* – a data collection instrument that gathers information on attitudes, impressions, opinions, satisfaction levels, etc.
- *viCPortal* – an online catalogue of clinical training resources, developed to disseminate the outcomes of Victorian clinical training projects and to share resources and knowledge amongst stakeholders.
- *viCPlace* – a secure, web-based information system that helps Victorian clinical placement providers plan and administer clinical placements with partner education providers.
- *viCProfile* – an interactive, online data repository that contains information related to clinical placement activity, resources and infrastructure across Victoria.

## 5.5 Principles

This section sets out the principles that underpin this framework. The principles define the assumptions on which evaluation of the Victorian strategic plan for clinical placements is predicated, as well as the limits of the framework's application. These principles are distinct from the principles of *Well Placed. Well Prepared* itself, which have been outlined in the *Well Placed. Well Prepared* documentation.

*Principle 1: Evaluation activities will be conducted ethically with a commitment to obtaining accurate and valid performance information.*

The same ethical considerations that apply to the conduct of research involving human subjects should be applied to the implementation of this evaluation framework.

To this end, the rights and responsibilities of participating stakeholders should be clearly outlined by the evaluators. It is important for stakeholders participating in evaluation activities to be aware of the purpose and scope for which performance information is being gathered and of their responsibility to provide accurate and timely information when requested. Evaluators must ensure that no harm or distress is caused for stakeholders participating in evaluation activities.

In a similar vein, it is of paramount importance that information collected for this evaluation is treated with appropriate confidentiality. If informants cannot be assured their inputs to the evaluation will be confidential, this could result in informants withdrawing from participation in evaluation activities, or being reluctant to provide any negative feedback, through a concern this may adversely affect their relationship with organisations involved in clinical placements such as the CPNs or the Department of Health.

It is also important for stakeholders to be clear that achieving "good" indicator results is not the objective of the evaluation. This is essential to avoid stakeholders simply working to achieve good results on performance indicators or selectively reporting data, rather than striving to produce the outcomes for which activities and initiatives are intended. This is not to suggest that positive results on indicators are not desirable, but simply to note that negative results or data that cast doubt on the worth of a particular initiative is also valuable to the evaluation.

In summary, an ethical evaluation involves a commitment by all stakeholders to collecting accurate and valid performance information that will provide as true an indication as is possible of the success or otherwise of the initiative being evaluated.

*Principle 2: Evaluation is integral to the continual improvement of the strategies and processes within Well Placed. Well Prepared.*

This principle underlines the need for the information gathered in evaluation activities to be viewed within the context of quality improvement. In other words, information should not be collected simply because it may be "interesting", but rather because it has potential utility for identifying areas where improvement may be required. Ideally, the evaluation information will inform a continuous quality improvement cycle (plan, do, review) for the initiatives and activities under *Well Placed. Well Prepared*.

At the same time, a degree of caution must be applied when using the evaluation results to guide quality improvements. Firstly, for some of the indicators, the mid-term and end-of-term data collection periods may be too early in the life of the initiative to observe definitive trends. Similarly, a number of the indicators are only proxy measures for particular aspects of the initiative and this may limit their interpretability (this is discussed in more detail in Section 5.8.2). Finally, there are some indicators that will require disaggregation of the results or further detailed study to pinpoint exactly where improvements need to be targeted.

Importantly, for the evaluation results to be useful in quality improvement, they must be appropriately shared with all stakeholders. Indeed, as stakeholders will be contributing to many of the evaluation activities, there is an obligation to provide them with, at the very least, a summary of the main findings from these activities. One of the stated aims of the evaluation

framework is to ensure there is effective utilisation of the evaluation results, which can only be achieved if there is effective communication of the results.

Dissemination of the results in different formats is likely to be required to cater for the information needs of different stakeholder groups. For example, CPN committees will require detailed evaluation information to plan and develop the clinical placement activities within their respective regions. By contrast, clinical education staff within health services are unlikely to have time to read and digest lengthy reports and may only be interested in receiving a summary of main findings for those initiatives of particular relevance to them.

*Principle 3: Evaluation is a dynamic process*

By definition, quality improvement processes change the very nature of the programs to which they relate. To remain relevant, components of the evaluation framework may need to change to reflect the evolving environment of clinical training and the general circumstances in which the VCTC is operating. Indeed, it is possible that some of the indicators may need to be modified after the mid-term evaluation, as methodological issues become apparent through the initial round of collecting performance information and completing indicator measurement. Thus, the evaluation framework should be viewed as a living document that may need to be amended throughout the course of the VCTC's first strategic plan period.

*Principle 4: Evaluation activities should not place an undue burden on stakeholders*

In conducting an evaluation, it is important to balance the requirement for accessing comprehensive performance information with the requirement to ensure the data collection processes do not place too great a burden upon stakeholders.

The biggest threat to the successful implementation of this evaluation framework is the potential for stakeholders to experience *evaluation fatigue* through being involved in too many evaluation activities. This threat is very real, given the number of clinical education-related activities competing for the time and attention of stakeholders. If over-burdening occurs, stakeholders may withdraw or limit their participation, which will produce a range of undesirable outcomes, such as poor response rates to stakeholder surveys, incomplete performance information, and so on.

Two strategies may reduce the likelihood of over-burdening stakeholders. Firstly, any data that can be obtained from an existing source should not need to be re-collected separately for the evaluation. Secondly, scheduling of major evaluation activities should take account of other major activities or evaluation rounds in the clinical education domain. For example, the major stakeholder survey in this evaluation framework should not take place too close to the time when either the HWA or CPN stakeholder survey is being conducted.

## 5.6 Factors influencing strategic plan outcomes

A number of factors will impact on whether the objectives of *Well Placed. Well Prepared* – and the objectives of initiatives that sit under *Well Placed. Well Prepared* – are met. These factors can be categorised as either *internal* or *external*.

- *Internal factors* are those factors under the direct control of the system, in this case, the clinical education and training system within Victoria. While the VCTC is the main auspicing body, it does not directly conduct any of the initiatives that sit under its strategic plan; the VCTC is dependent upon a large number of organisations (including the Department of Health, Victorian health services, education providers) to achieve the objectives of its strategic plan. In this way, the internal factors are actually under the control of these organisations and they include: the funding provided by the department for clinical placement initiatives; the numbers of students enrolled in each course; the structure and content of courses (to some extent); the knowledge and skills of clinical education staff; the resources applied to the conduct of clinical placements by Victorian health services; the nature and degree of support provided by education providers; the material resources that are developed to support clinical placements; and the composition of CPN committees and their approach to the conduct of their activities.
- *External factors* are those factors not under the direct control of the organisations within the Victorian clinical education and training system, but which still influence the extent to which the long-term objectives of *Well Placed. Well Prepared* and its associated initiatives are achieved. These include: the funding and other support provided by HWA for clinical placement initiatives; funding and policy around the health system more broadly; policy relating to higher education; the accreditation requirements of different professional disciplines (and the extent to which different training regimes are recognised by the accrediting bodies).

In reality, there is considerable interdependence between these two sets of factors, most particularly in the impact of external funding levels on internal factors such as staffing levels and allocation of resources within health services and education providers. Both HWA and the Victorian government have provided significant funding and this has enabled major advances in the clinical placement system over the last five years. Given the growing funding pressures on both the education and health sectors, the extent to which Victoria will be able to achieve its clinical placement system objectives will be greatly influenced by the extent to which such funding continues to be available.

This interrelationship between internal and external factors has implications both for the conduct of the evaluation and for the analysis and interpretation of results.

In terms of the conduct of the evaluation, the evaluation activities in Victoria are likely to overlap with evaluations conducted in the *external* environment. As noted earlier, HWA is implementing a range of evaluation activities around its four main clinical education and training initiatives. These include requirements for Victorian stakeholders to participate and provide performance information both directly to HWA (one example being the stakeholder survey conducted with IRCTNs across Australia) and through information provided to the Victorian Department of Health, which is then collated into a statewide report to HWA. As far as practicable, the Victorian evaluation process should complement – rather than duplicate – any external evaluation processes being conducted in the same timeframe.

In terms of the analysis and interpretation of results, it will be important to acknowledge where there are factors beyond the control of the Victorian system that either confound interpretation of results, or limit the usefulness of the result in prescribing future actions.

## 5.7 Measurement – key performance indicators

The starting point for identifying indicators to be included in this evaluation framework was the conceptual framework shown in Figure 2. As discussed in Section 5.3.1, the conceptual framework reveals two levels of evaluation that must occur, namely evaluation at the level of individual initiatives and evaluation at the overall strategic plan level. Therefore, to identify appropriate indicators that could address the evaluation questions set out in Table 4, program logic maps were developed for the overall strategic plan and for nine constituent initiatives. Each map was developed in consultation with stakeholders, then refined, consolidated and contextualised with the other maps.

The program logic maps show the progression from inputs to outcomes and objectives for each initiative (and the overall plan), as well as potential indicators that might provide monitoring information about the implementation of each initiative (or the plan as a whole). A total of 88 indicators were identified across the ten program logic maps; ten of the indicators apply to more than one map.

As far as practicable, a mix of *structural*, *process* and *outcome* indicators was identified for each of the ten components of the program (the *program* being the overall strategic plan and nine initiatives). Particular emphasis was placed on identifying indicators relevant to the evaluation questions in Table 4 and the alignment between the indicators and evaluation questions is presented in Appendix A.

It should be noted that the indicators shown on the maps are by no means an exhaustive list. Many other indicators could be included, particularly if the evaluation is intended to catalogue the inputs and outputs for all initiatives, or track the conduct of each activity. However, a more extensive list of indicators will not necessarily result in a more useful evaluation, nor will it necessarily provide any better measurement for those evaluation questions that can only be addressed indirectly. Indeed, the impost on stakeholders that would result from including indicators that measure every detail of the implementation of *Well Placed. Well Prepared* would most likely far outweigh any benefit derived from gathering this information.

On this last point, it is not recommended that all 8 indicators identified through the program logic mapping exercise should be monitored, as this is likely to overburden stakeholders with data collection. Instead, indicators have been prioritised based on the likely usefulness of the indicator result for guiding quality improvement or ongoing planning, as well as the ease and feasibility of data collection. This has resulted in a sub-set of 49 *high priority* indicators.

The table overleaf (Table 5) presents a summary of all 88 indicators that were identified. For each indicator listed, information is provided about:

- The initiatives within *Well Placed. Well Prepared* to which the indicator applies;
- The indicator type (namely, structural, process or outcome);
- Whether the indicator has been designated as *high priority* for monitoring;
- Likely sources of information or data to address the indicator;
- The recommended data collection instrument or method; and
- The numerator and denominator (if applicable) that will allow measurement of performance, as well as contextualisation of the result.

For each indicator identified as being *high priority*, a more detailed specification is presented at Appendix B.

In the following table, an *indicator ID* has been assigned to each indicator and this number is also used as an identifier in the detailed specifications (Appendix B) and the tables presented in Section 5.8 below. Numbers were assigned sequentially based on the order of indicators in the list, which in turn was based on the order (top to bottom) in which each initiative is presented in the program logic map for the overall strategic plan. Indicators that apply to more than one initiative have only one indicator ID, corresponding to the number assigned for the first occurrence in the indicator list. For example, indicator #18 applies to the overall strategic plan and the BPCLE Framework and appears twice in Table 5 (the second time, between indicators #77 and #78), on both occasions with the indicator ID 18.

**Table 5: Indicators for evaluation of the Victorian strategic plan for clinical placements**

Ind ID	Indicator name	Initiative(s) to which the indicator applies	Type	High priority	Data source	Data collection instrument / method	Numerator	Denominator
1	Proportion of EPs involved in one or more initiatives	Overall strategic plan	S	yes	CPN datasets; viCPlace; HWA	Data extraction	Number of education providers involved in at least one of the initiatives conducted under <i>Well Placed. Well Prepared</i>	Total number of education providers
2	Proportion of health services involved in one or more initiatives	Overall strategic plan	S	yes	CPN datasets; viCPlace; HWA	Data extraction	Number of health services involved in at least one of the initiatives conducted under <i>Well Placed. Well Prepared</i>	Total number of health services
3	Stakeholder perceptions of governance arrangements	Overall strategic plan	S	yes	All stakeholders	Survey	Number of stakeholders reporting above average satisfaction with governance arrangements in the new clinical placement system (as provided by VCTC)	Total number of respondents
4	Stakeholder perceptions of leadership provided by VCTC	Overall strategic plan	S	yes	All stakeholders	Survey	Number of stakeholders reporting above average satisfaction with leadership provided by VCTC	Total number of respondents
5	Stakeholder perceptions of CPN committees and processes	Overall strategic plan	S	yes	All stakeholders	Survey	Number of stakeholders reporting above average satisfaction with CPN Committees and processes	Total number of respondents
6	Amount of funding per clinical placement activity unit (student day)	Overall strategic plan	S	yes	Dept of Health; HWA	Data extraction	Total amount of government funding provided	Clinical placement activity in student days
7	Clarity about the purpose of the various initiatives	Overall strategic plan	S	yes	Stakeholders in health services and education providers	Survey	Number of stakeholders indicating awareness of the purpose of each initiative	Total number of respondents
8	Stakeholders were satisfied with the transparency of funding processes	Overall strategic plan	S/P	yes	Stakeholders in health services and education providers	Survey	Number of stakeholders reporting above average satisfaction with transparency of funding processes	Total number of respondents
9	Funds appropriately expended	Overall strategic plan	P	yes	Dept of Health records; CPN records	Data extraction	Number of projects that delivered satisfactorily against project plans and deliverables	Total number of funded projects
10	Ease of reporting	Overall strategic plan	P	yes	Dept of Health records; CPN records	Report based on end-of project feedback	Number of stakeholders reporting no difficulty with various aspects of project reporting	Total number of respondents
11	Assessment of efficiency of programs	Overall strategic plan	P	yes	Stakeholders in health services and education providers	Survey	Number of stakeholders reporting inefficiencies and/or unnecessary duplication between initiatives	Total number of respondents

Ind ID	Indicator name	Initiative(s) to which the indicator applies	Type	High priority	Data source	Data collection instrument / method	Numerator	Denominator
12	Perceptions of adequacy of communication processes and materials	Overall strategic plan	P	yes	Stakeholders in health services and education providers	Survey	Number of stakeholders reporting above average satisfaction with communication processes and materials	Total number of respondents
13	HWA rating of the alignment between Victoria and national processes	Overall strategic plan	P	yes	HWA	Report	Rating provided by HWA of the alignment between Victorian clinical placement initiatives and national processes	none
14	Stakeholder satisfaction with opportunities for networking	Overall strategic plan	P	yes	Stakeholders in health services and education providers	Survey	Number of stakeholders reporting above average satisfaction with opportunities for networking	Total number of respondents
15	Extent of alignment of supply and demand	Overall strategic plan	O	yes	viCPlace; HWA; Dept of Health	Data extraction	Number of placement days on demand side, for the reporting period	Number of placement days on supply side, for the reporting period
16	Health service staff perceptions of their organisational culture with respect to education	Overall strategic plan	O	yes	Health service staff	Survey	Number of health service staff reporting their organisational culture with respect to education has improved during the period covered by <i>Well Placed. Well Prepared</i>	Total number of respondents
17	Net change to system capacity	Overall strategic plan	O	yes	viCPlace	Data extraction	Number of placement days on supply side available in current reporting period	Number of placement days on supply side available in previous reporting period(s)
18	Student satisfaction with clinical placements	Overall strategic plan; BPCLE Framework	O	yes	Health services and education providers	Report based on student feedback	Number of learners who indicate above average overall satisfaction with their clinical placement	Total number of respondents
19	Stakeholder awareness of <i>Well Placed. Well Prepared</i>	Overall strategic plan	O	yes	Stakeholders in health services and education providers	Survey	Number of stakeholders that reported above-average awareness of the Victorian clinical placement strategic plan	Total number of respondents
20	Rate of growth of supply of clinical placements matches (or exceeds) the rate of growth of demand for clinical placements	Overall strategic plan	O	yes	viCPlace	Data extraction	Number of placement days on the supply side in the current reporting period, expressed as a percentage of the number of placement days on the supply side in the previous reporting period	Number of placement days on the demand side in the current reporting period, expressed as a percentage of the number of placement days on the demand side in the previous reporting period
21	Proportion of health services involved in clinical placements	Overall strategic plan	O	yes	CPN datasets; viCPlace; HWA	Data extraction	Number of health services providing at least one clinical placement day per year	Total number of health services listed in the database

Ind ID	Indicator name	Initiative(s) to which the indicator applies	Type	High priority	Data source	Data collection instrument / method	Numerator	Denominator
22	Stakeholder satisfaction with relationships	Overall strategic plan; BPCLE Framework	O	yes	Stakeholders in health services and education providers	Survey	Number of health service staff who deal directly with education providers who rate their satisfaction with the relationship favourably Number of education provider staff who deal directly with health services who rate their satisfaction with the relationship favourably	Total number of respondents
23	Level of stakeholder satisfaction with each IMS in relation to data integrity, relevance and reliability	Overall strategic plan; CPN initiative; Data and information	O	yes	Stakeholders in health services and education providers	Survey	Number of stakeholders reporting above average satisfaction with each IMS in relation to data integrity, relevance and reliability	Total number of respondents
24	Proportion of student placement time in various settings compared to proportion of workforce in each setting	Overall strategic plan; Expanded settings	O	yes	viCPlace; HWA; Dept of Health	Data extraction	Proportion of student placement days (by discipline) in each health service setting category	Proportion of workforce (by discipline) in each health service setting category
25	Proportion of health services that maintain or improve their self-assessment scores against the BPCLE Framework over consecutive reporting periods	Overall strategic plan	O	yes	Dept of Health (BPCLE online tool)	Report	Number of health services that maintain or improve at least some of their self-assessment scores (average score per element) against the BPCLE Framework over consecutive reporting periods	Number of health services that have completed self-assessment in consecutive reporting periods
26	Overall improvement in the Victorian clinical placement system	Overall strategic plan	O	yes	Stakeholders in health services and education providers	Survey	Number of stakeholders who consider the Victorian clinical placement system has improved over the last four years	Total number of respondents
27	User satisfaction with participant kit	Clinical placement planning	S		Stakeholders in health services and education providers	Survey	Level of satisfaction overall	Total number of respondents
28	Effectiveness of communication	Clinical placement planning	P		Stakeholders in health services and education providers	Survey	Number of respondents that report above average satisfaction with the communication regarding the clinical placement planning process	Total number of respondents
29	The adequacy of the training to allow participation in the process	Clinical placement planning	P		Stakeholders in health services and education providers	Survey	Number of HS and EP stakeholders who feel they have sufficient understanding of the clinical placement planning process to enable their participation	Total number of respondents

Ind ID	Indicator name	Initiative(s) to which the indicator applies	Type	High priority	Data source	Data collection instrument / method	Numerator	Denominator
30	Stakeholder satisfaction with planning process	Clinical placement planning	P	yes	Stakeholders in health services and education providers	Survey	Number of respondents that report above average overall satisfaction with the planning process	Total number of respondents
31	Rate of perceived adherence to planning process framework principles	Clinical placement planning	O	yes	Stakeholders in health services and education providers	Survey	Number of respondents that give an above average rating for adherence to each principle	Total number of respondents
32	Stakeholder satisfaction with clinical placement planning	Clinical placement planning; CPN initiative	O		Stakeholders in health services and education providers	Survey	Number of respondents that report above average satisfaction with the overall clinical placement planning outcomes	Total number of respondents
33	The rate of cancelled placement days	Clinical placement planning	O		viCPlace	Data extraction	Number of cancelled clinical placement days	Total number of clinical placement days
34	Anticipated timelines met	viCPlace	P		Dept of Health	Report	Actual completion date for (1) refinement of system (2) limited release (3) scaled-up roll out	Anticipated completion date for (1) refinement of system (2) limited release (3) scaled-up roll out
35	Proportion of organisations that have migrated primarily to viCPlace	viCPlace	O	yes	Health services and education providers	Report	Number of organisations using only viCPlace as their clinical placement data management system	Total number of organisations involved in clinical placements
36	Stakeholder satisfaction with viCPlace help resources	viCPlace	O		Stakeholders in health services and education providers	Survey	Number of respondents that report above average satisfaction with the viCPlace help resources	Total number of respondents
37	Stakeholder satisfaction with viCPlace	viCPlace	O	yes	Stakeholders in health services and education providers	Survey	Number of respondents that report above average satisfaction with viCPlace	Total number of respondents
38	Proportion of organisations that include student supervision KPIs in position descriptions	Supervision support	S	yes	Health services	Report	Number of health services (that provide clinical placements) that indicate they include KPIs for student supervision in position descriptions of relevant staff	Total number of health services that provide clinical placements
39	Stakeholder perception of utility of HWA framework	Supervision support	S		Stakeholders in health services and education providers	Survey	Number of respondents that give an above average rating for the utility of the HWA National Clinical Supervision Support Framework	Total number of respondents
40	Supervision support is discussed as part of relationship negotiations	Supervision support	S		Health services	Report	Number of health services reporting that supervision support is routinely discussed during relationship negotiations	Total number of health services that provide clinical placements

Ind ID	Indicator name	Initiative(s) to which the indicator applies	Type	High priority	Data source	Data collection instrument / method	Numerator	Denominator
41	Number of supervisors attending training	Supervision support	P		Providers of supervision training	Report on attendance	Total number of individuals attending training on clinical supervision	none
42	Number of supervisors accessing online training	Supervision support	P		Providers of online training	Report on website access/completion rates	Total number of individuals accessing on-line training on clinical supervision	none
43	Number of active participants in a professional network for clinical supervisors	Supervision support	P		Professional Network for clinical supervisors (once established)	Report	Number of individuals that are "active participants" in network activities	Total number of members of the professional network
44	Process for engaging clinicians has been trialled and established	Supervision support	P		Health services	Report	Number of health services that have established a process for engaging clinical staff with supervision roles	Total number of health services that provide clinical placements
45	Perceptions of supervisors concerning the level of support	Supervision support	O		Stakeholders in health services	Survey	Number of individuals involved in clinical supervision who give an above average rating for the support they receive in their role	Total number of respondents
46	Net change in the number of trained supervisors	Supervision support	O	yes	Health services	Report	Number of trained supervisors at end of a reporting period	Number of trained supervisors at the beginning of reporting period (or at baseline)
47	Proportion of discipline areas for which supervision capacity exists	Supervision support	O		Health services	Report	Number of disciplines within the organisation where student supervision capacity exists	Total number of disciplines within the organisation
48	Retention of supervisors	Supervision support	O	yes	Health services	Report	Number of clinical staff with clinical supervision expertise/experience that are no longer actively supervising students	Number of clinical staff with clinical supervision expertise/experience
49	Satisfaction level of supervisors	Supervision support	O		Stakeholders in health services	Survey	Number of clinical staff who report above average level of satisfaction about their role as a supervisor	Total number of respondents
50	Proportion of placements undertaken in expanded settings prior to start of initiative	Expanded settings	S	yes	viCPlace; Dept of Health dataset	Data extraction	Number of clinical placements undertaken in expanded settings in 2011	Total number of clinical placements undertaken in 2011
51	Proportion of sites with relevant policies and procedures	Expanded settings	P		Expanded setting organisations	Report	Number of expanded setting organisations that have policies and procedures relevant to clinical placements	Total number of expanded settings that could potentially provide placements

Ind ID	Indicator name	Initiative(s) to which the indicator applies	Type	High priority	Data source	Data collection instrument / method	Numerator	Denominator
52	Proportion of expanded setting sites involved in clinical placements	Expanded settings; CPN initiative	O	yes	viCPlace; Dept of Health; HWA	Data extraction	Number of expanded setting health services providing at least one clinical placement day per year	Total number of expanded setting health services listed in the database
24	Proportion of student placement time in various settings compared to proportion of workforce in each setting	Expanded settings; Overall strategic plan	O	yes	viCPlace; HWA	Data extraction	Proportion of student placement days (by discipline) in each expanded setting category	Proportion of workforce (by discipline) in each expanded setting category
53	Level of participation/interest in clinical placements within regional and rural health services	Rural initiatives	S	yes	viCPlace; Regional CPNs	Report	Number of regional/rural health services that are currently participating, or have expressed interest in participating, in clinical placements	Total number of regional/rural health services
54	Proportion of staff with supervision training (by level)	Rural initiatives	S/P	yes	Rural/regional health services	BPCLE Indicator report to DoH OR report	Number of staff currently involved in clinical education that have educational training, experience or qualifications	Number of staff currently involved in clinical education activities
55	Supervisor attitudes to training provided to support their role in clinical education	Rural initiatives	P		Stakeholders in rural/regional health services	Survey	Number of respondents that are positively disposed towards training provided to support their role of supervisor in a rural health service	Total number of respondents
56	Amount of funding spent on upgrading/developing infrastructure	Rural initiatives	P		Dept of Health	Data extraction	Total funding provided by Dept of Health, HWA and other funding sources for upgrading of clinical education infrastructure within rural health services, for a specified reporting period	none
57	Student issues with respect to accommodation	Rural initiatives	P	yes	Health services and education providers	Report	Number of respondents that report experiencing at least some difficulty with respect to accommodation for their clinical placement in a rural health service	Total number of respondents
58	Student feedback regarding meeting learning objectives	Rural initiatives	O		Health services and education providers	Report	Number of respondents that indicate they met their learning objectives whilst on their clinical placement in a rural health service	Total number of respondents
59	Learner perceptions about their feeling of safety and wellbeing	Rural initiatives	O		Health services	Survey	Number of learners that rate their feeling of safety favourably	Total number of respondents

Ind ID	Indicator name	Initiative(s) to which the indicator applies	Type	High priority	Data source	Data collection instrument / method	Numerator	Denominator
	during their placement							
60	Number of available placements in rural settings	Rural initiatives	O		viCPlace	Data extraction	Total number of clinical placement days offered by rural health services in a reporting period	none
61	Proportion of student placement time in rural settings compared to proportion of workforce in rural areas	Rural initiatives	O	yes	viCPlace; HWA	Data extraction	Proportion of student placement days (by discipline) in rural and regional health services	Proportion of workforce (by discipline) in rural and regional health services
62	Rural placements as a proportion of the total number of placements	Rural initiatives	O		viCPlace; HWA	Data extraction	Number of rural clinical placement days in a reporting period	Total number of clinical placement days in Victoria in a reporting period
63	Stakeholder awareness of funding opportunities	CPN initiative	P		Stakeholders in health services and education providers	Survey	Number of stakeholders that reported being aware of various funding opportunities	Total number of respondents
64	Stakeholder perception of the knowledge and skills of CPN staff to support BPCLE roll-out	CPN initiative; BPCLE Framework	P	yes	Stakeholders in health services and education providers	Surveys	Number of stakeholders that rate CPN staff competence and knowledge level above average with respect to the BPCLE Framework	Total number of respondents
65	Stakeholder awareness of CPN activities	CPN initiative	P		Stakeholders in health services and education providers	Survey	Number of stakeholders that reported being aware of each CPN activity, for the reporting period	Total number of respondents
66	Level of satisfaction with events	CPN initiative	P	yes	CPNs	Report	Number of stakeholders reporting above average satisfaction with CPN events, for the reporting period	Total number of respondents
67	Usefulness of newsletters	CPN initiative	P		Stakeholders in health services and education providers	Survey	Number of stakeholders reporting above average satisfaction with newsletter usefulness	Total number of respondents
68	Number of stakeholders on the list	CPN initiative	P		CPNs	Data extraction	Number of stakeholders in the database	none
52	Proportion of expanded setting sites involved in clinical placements	CPN initiative; Expanded settings	O	yes	CPN datasets	Data extraction	Number of expanded setting health services providing at least one clinical placement day per year	Total number of expanded setting health services listed in the database

Ind ID	Indicator name	Initiative(s) to which the indicator applies	Type	High priority	Data source	Data collection instrument / method	Numerator	Denominator
69	Net increase in participation of expanded setting sites	CPN initiative	O		CPN datasets	Data extraction	Proportion of expanded setting health services providing at least one clinical placement day per year (current reporting period)	Proportion of expanded setting health services providing at least one clinical placement day per year (previous reporting period)
23	Level of stakeholder satisfaction with each IMS in relation to data integrity, relevance and reliability	CPN initiative; Data and information; Overall strategic plan	O	yes	Stakeholders in health services and education providers	Survey	Number of stakeholders reporting above average satisfaction with each IMS in relation to data integrity, relevance and reliability	Total number of respondents
32	Stakeholder satisfaction with clinical placement planning	CPN initiative; Clinical placement planning	O		Stakeholders in health services and education providers	Survey	Number of respondents that report above average satisfaction with the overall clinical placement planning outcomes	Total number of respondents
70	Variance between scheduled and actual clinical placement activity	CPN initiative	O		viCPlace	Data extraction	Number of actual clinical placements	Number of scheduled clinical placements
71	Stakeholder awareness of the development projects for the BPCLE Framework	BPCLE Framework	S		Stakeholders in health services and education providers	Survey	Number of stakeholders who report awareness of at least one of the BPCLE Framework development projects	Total number of respondents
64	Stakeholder perception of the knowledge and skills of CPN staff to support BPCLE roll-out	BPCLE Framework; CPN initiative	S/P	yes	Stakeholders in health services	Surveys	Number of stakeholders that rate CPN staff competence and knowledge level above average	Total number of respondents
72	Stakeholder satisfaction with BPCLE Framework implementation tools	BPCLE Framework	P	yes	Stakeholders in health services	Survey	Number of stakeholders who have above average satisfaction with the BPCLE implementation tools	Total number of respondents
73	Stakeholder awareness of the roll out of the BPCLE Framework	BPCLE Framework	P		Stakeholders in health services and education providers	Survey	Number of respondents who believe they have been adequately informed about the roll-out of the BPCLE Framework	Total number of respondents
74	Stakeholder satisfaction with training	BPCLE Framework	P		Stakeholders in health services	Survey	Number of respondents who report above average satisfaction with the training they receive as part of the statewide rollout of the BPCLE Framework	Total number of respondents
75	Proportion of health services reporting their indicators in the timeframe	BPCLE Framework	P		Dept of Health	Report	Number of health services that report the results for the nominated BPCLE indicators within the required timeframe	Total number of health services that are required to report against the nominated BPCLE indicators

Ind ID	Indicator name	Initiative(s) to which the indicator applies	Type	High priority	Data source	Data collection instrument / method	Numerator	Denominator
76	Proportion of BPCLE self-assessments completed	BPCLE Framework	P	yes	Dept of Health (BPCLE online tool)	Report	Number of health services that have completed their initial BPCLE self-assessment process using the online tool	Total number of health services required to undertake an assessment against the BPCLE Framework
22	Stakeholder satisfaction with relationships	BPCLE Framework; Overall strategic plan	O		Stakeholders in health services and education providers	Survey	Number of health service staff who deal directly with education providers who rate their satisfaction with the relationship favourably Number of education provider staff who deal directly with health services who rate their satisfaction with the relationship favourably	Total number of respondents
77	Proportion of Victorian health services that have incorporated the BPCLE Framework within their broader quality plan	BPCLE Framework	O	yes	Health services	Report	Number of Victorian health services (that provide clinical placements) that attest to incorporating the BPCLE Framework within their broader quality improvement plan	Total number of Victorian health services that provide clinical placements
18	Student satisfaction with clinical placements	BPCLE Framework; Overall strategic plan	O	yes	Health services and education providers	Survey	Number of learners who indicate above average overall satisfaction with their clinical placement	Total number of respondents
78	Existence of a statewide simulation workforce profile	SLEs	S		Dept. of Health	Report	The existence (or otherwise) of the profile	none
79	Stakeholder satisfaction with the statewide networking mechanism for coordinating SBET resources	SLEs	S	yes	Stakeholders in SBET	Survey	Number of respondents that report above average satisfaction with the statewide mechanism for coordinating SBET resources	Total number of respondents
80	Proportion of learners undertaking some form of SBET	SLEs	S/P		SBET providers; education providers	Report	Number of learners accessing SBET resources during the reporting period	Total number of learners
81	Proportion of SBET involving IPE	SLEs	P		SBET providers	Report	Number of SBET activities that involve inter-professional education	Total number of SBET activities
82	Proportion of SLEs that have been assessed against at least one quality framework and have developed a quality improvement action plan	SLEs	P	yes	SLE managers	Report	Number of SLEs that have been assessed against at least one quality framework and have developed a quality improvement action plan	Total number of SLEs

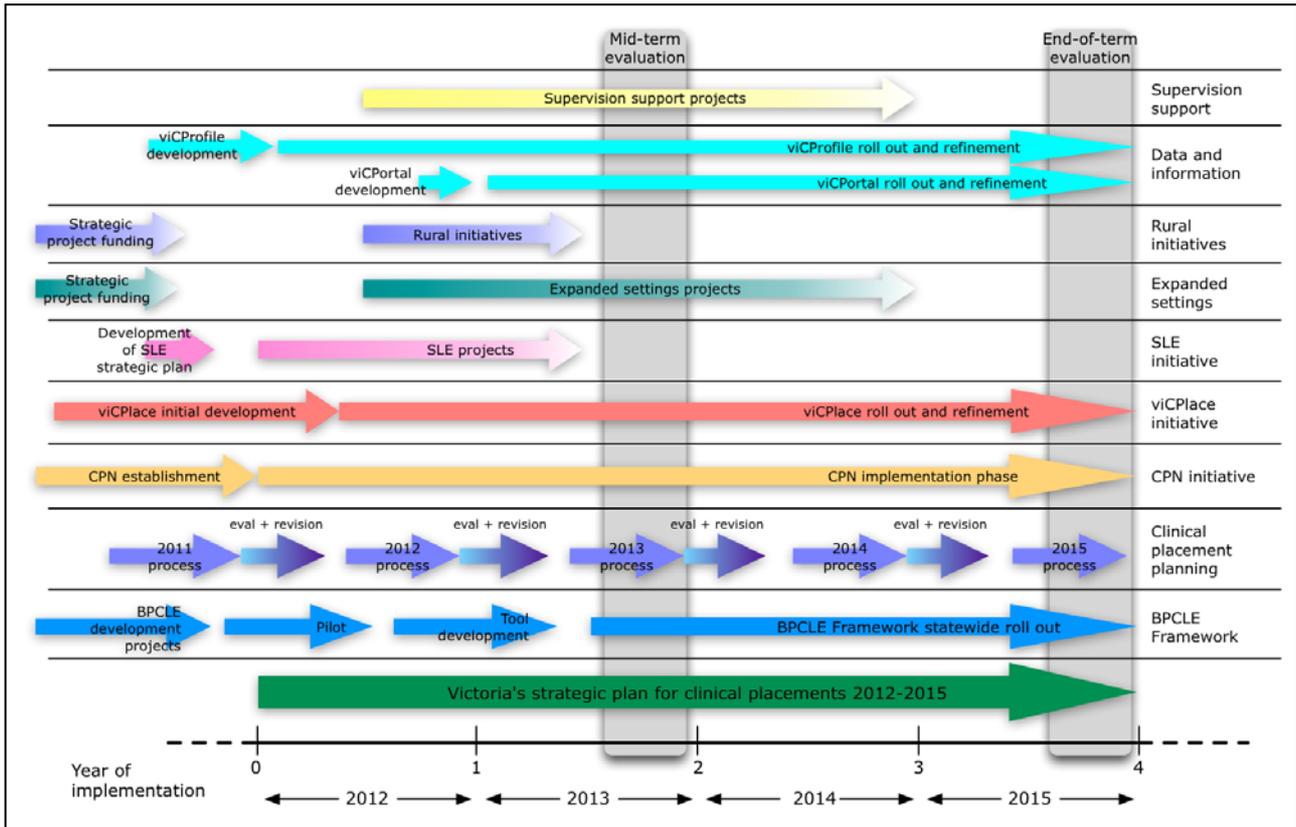
Ind ID	Indicator name	Initiative(s) to which the indicator applies	Type	High priority	Data source	Data collection instrument / method	Numerator	Denominator
83	Proportion of skilled SBET personnel	SLEs	O		SBET providers	Report	Number of personnel that are delivering SBET who have relevant qualifications or experience in SBET	Total number of personnel that are delivering SBET
84	Adequacy of data definitions	Data and information	S	yes	Stakeholders in health services and education providers	Survey	Number of respondents that give an above average rating for the adequacy of the data definitions for each IMS	Total number of respondents
85	Awareness of the purpose of each IMS	Data and information	P	yes	Stakeholders in health services and education providers	Survey	The number of respondents who correctly identify the purpose of each IMS from a multiple choice selection	Total number of respondents
23	Level of stakeholder satisfaction with each IMS in relation to data integrity, relevance and reliability	Data and information; CPN initiative; Overall strategic plan	O	yes	Stakeholders in health services and education providers	Survey	Number of stakeholders reporting above average satisfaction with each IMS in relation to data integrity, relevance and reliability	Total number of respondents
86	Usability of each IMS	Data and information	O		Stakeholders in health services and education providers	Survey	Number of respondents that report above average satisfaction with the usability of the clinical placement on-line systems	Total number of respondents
87	Accessibility	Data and information	O		Stakeholders in health services and education providers	Report	Number of IMS users accessing the IMS from each type of operating system/web browser	none
88	The data and information needs of stakeholders are being met	Data and information	O	yes	Stakeholders in health services and education providers	Survey	Number of respondents that rate their data and information needs as being met through the various IMS tools	Total number of respondents

## 5.8 Data collection, analysis and reporting

### 5.8.1 Data collection

#### Alignment of indicators with implementation of *Well Placed. Well Prepared*

A major purpose of this evaluation framework is to guide the mid-term and end-of-term evaluations of *Well Placed. Well Prepared*. The mid-term evaluation is expected to provide a *progress report*, while the final evaluation will provide more analysis of outcomes. In this regard, it is important to note that the various initiatives being conducted under *Well Placed. Well Prepared* are proceeding according to different timelines. This is shown in Figure 3.



**Figure 3: Comparative timeline for *Well Placed. Well Prepared* and associated initiatives**

As can be seen in the diagram, most of the initiatives pre-date *Well Placed. Well Prepared* to some extent, which has implications for the ability to collect true baseline data for some indicators. Moreover, at the point in time when the mid-term evaluation is due to be conducted (late-2013), the initiatives will be at different stages of implementation, which will render some structural and outcome indicators pointless and may even have implications for some process indicators.

For example, the statewide roll out of the BPCLE Framework is expected to get underway in mid-2013 and therefore the mid-term evaluation will be conducted too early to allow collection of meaningful data for most of the recommended BPCLE Framework indicators. Similarly, the funded projects under the SLE initiative are expected to be completed by mid-2013, although the mid-term evaluation may be a little too early to properly measure the achievement of outcomes and objectives.

As the timelines are not synchronised, for each of the recommended (i.e. high priority) indicators, an assessment has been made as to whether the indicator should be included in both the mid-term and end-of-term evaluations. This assessment is included in the indicator specifications and is summarised in the following table.

**Table 6: Summary of the indicators recommended for inclusion in the mid-term and end-of-term evaluations**

Ind ID	Indicator name	Base-line	Mid-term	End-of-term
1	Proportion of EPs involved in one or more initiatives	n/a	✓	✓
2	Proportion of health services involved in one or more initiatives	n/a	✓	✓
3	Stakeholder perceptions of governance arrangements	n/a	✓	✓
4	Stakeholder perceptions of leadership provided by VCTC	n/a	✓	✓
5	Stakeholder perceptions of CPN committees and processes	n/a	✓	✓
6	Amount of funding per clinical placement activity unit (student day)	✓	✓	✓
7	Clarity about the purpose of the various initiatives	n/a	✓	✓
8	Stakeholders were satisfied with the transparency of funding processes	n/a	✓	✓
9	Funds appropriately expended	✓	✓	✓
10	Ease of reporting	✓	✓	✓
11	Assessment of efficiency of programs		✓	✓
12	Perceptions of adequacy of communication processes and materials	n/a	✓	✓
13	HWA rating of the alignment between Victoria and national processes	n/a	✓	✓
14	Stakeholder satisfaction with opportunities for networking	n/a	✓	✓
15	Extent of alignment of supply and demand	✓	✓	✓
16	Health service staff perceptions of their organisational culture with respect to education		✓	✓
17	Net change to system capacity	✓	✓	✓
18	Student satisfaction with clinical placements		✓	✓
19	Stakeholder awareness of <i>Well Placed. Well Prepared</i>	n/a	✓	✓
20	Rate of growth of supply of clinical placements matches (or exceeds) the rate of growth of demand	✓	✓	✓
21	Proportion of health services involved in clinical placements	✓	✓	✓
22	Stakeholder satisfaction with relationships	n/a	✓	✓
23	Level of stakeholder satisfaction with each IMS in relation to data integrity, relevance and reliability	n/a	✓	✓
24	Proportion of student placement time in various settings compared to proportion of workforce in each setting		✓	✓
25	Proportion of health services that maintain or improve their self-assessment scores against the BPCLE Framework over consecutive reporting periods	n/a		✓
26	Overall improvement in the Victorian clinical placement system	n/a		✓
30	Stakeholder satisfaction with planning process	✓	✓	✓
31	Rate of perceived adherence to planning process framework principles	✓	✓	✓
35	Proportion of organisations that have migrated primarily to the new system	n/a	✓	✓
37	Stakeholder satisfaction with viCPlace	n/a	✓	✓
38	Proportion of organisations that include student supervision KPIs in position descriptions		✓	✓
46	Net change in the number of trained supervisors		✓	✓
48	Retention of supervisors		✓	✓
50	Proportion of placements undertaken in expanded settings prior to start of initiative	✓	✓	
52	Proportion of expanded setting sites involved in clinical placements		✓	✓
53	Level of participation/interest in clinical placements within regional and rural health services	✓	✓	✓
54	Proportion of staff with supervision training (by level)			✓
57	Student issues with respect to accommodation		✓	✓
61	Proportion of student placement time in rural settings compared to proportion of workforce in rural areas	✓	✓	✓
64	Stakeholder perception of the knowledge and skills of CPN staff to support BPCLE roll-out			✓
66	Level of satisfaction with events	✓	✓	✓
72	Stakeholder satisfaction with BPCLE Framework implementation tools	n/a		✓
76	Proportion of BPCLE self-assessments completed	n/a		✓
77	Proportion of Victorian health services that have incorporated the BPCLE Framework within their broader quality plan	✓		✓
79	Stakeholder satisfaction with the statewide networking mechanism for coordinating SBET resources		✓	✓

Ind ID	Indicator name	Base -line	Mid-term	End-of-term
82	Proportion of SLEs that have been assessed against at least one quality framework and have developed a quality improvement action plan	n/a		✓
84	Adequacy of data definitions		✓	✓
85	Awareness of the purpose of each IMS		✓	✓
88	The data and information needs of stakeholders are being met		✓	✓
	<b>TOTALS</b>	<b>14</b>	<b>41</b>	<b>49</b>

As noted above, the mid-term evaluation is intended as a *progress report* on the implementation of *Well Placed. Well Prepared* and it will be important, for many of the indicators, to have a baseline measurement against which the mid-term (and future) measurement can be compared. Although the measurement at the time of the mid-term evaluation could be used as the baseline value, as noted in relation to Figure 3, the mid-term point is already some way into the planned interventions for most of the initiatives and therefore is not a true baseline. Therefore, during or prior to the mid-term evaluation, it may be necessary to collect or extract data that represents the pre-intervention situation with respect to some of the indicators.

#### Data collection tools

Data collection for reporting against the indicators will involve three types of data collection instruments, namely:

- Stakeholder surveys – which are usually non-compulsory instruments, both in terms of whether stakeholders participate at all and which questions they chose to answer. Moreover, once a link to an online survey is disseminated, there is no way to control the number of stakeholders from an organisation that respond to the survey. Indeed, if various individuals within an organisation have participated in different initiatives or represent different disciplinary perspectives, it is preferable for many stakeholders within an organisation to complete the survey. The participation rate for surveys is often quite low.
- Data extraction – which involves extracting information from specified fields of existing datasets.
- Reports – which involve a proforma document that requests specific factual information from the respondent. The factual information may have been collected by the respondent through their own surveys or other data collection processes, but is then collated and analysed to address the specific question in the report. Unlike surveys, a report is expected to generate one response per organisation, which summarises the relevant data for that organisation. Completion rates for reports can be quite high, particularly if there are incentives for completion (or penalties for non-completion).

Surveys were identified as the data collection instrument for 22 of the high priority indicators. For this purpose, a major stakeholder survey (referred to as *Well Placed. Well Prepared. Stakeholder Survey* in the indicator specifications) is recommended for development. Ideally, this will be an online survey, using a platform that will allow skip logic to be incorporated following *barrier* questions. The survey will need to collect sufficient demographic and other ancillary information from respondents to allow appropriate interpretation of the data, based on considerations discussed in the specification for each indicator (see Appendix B).

The construction of the survey will need to take account of the two existing surveys that target Victorian stakeholders: the HWA survey of IRCTN stakeholders (a national survey of IRCTN committees and members conducted in late 2012 and which is planned for repetition in 2014) and the CPN Stakeholder survey (an online survey of all CPN stakeholders conducted in Nov–Dec 2011). The new survey will cover a number of additional subject areas that are not presently covered in the two existing surveys. Further, the *Well Placed. Well Prepared. Stakeholder Survey* will include barrier questions that ensure respondents are not asked detailed questions that are not relevant to their role or interests. The survey will not repeat any questions that are addressed in the other surveys.

Data extraction was identified as the data collection method for 12 of the high priority indicators. Consultation will be required with data set holders to ensure the necessary data is available and can be extracted in the desired format.

Reports were identified as the data collection instrument for 15 of the high priority indicators. Proforma reports will need to be developed to ensure consistent data collection across sources. The form of these reports will vary according to the indicator, but will generally require the respondent to collate and/or aggregate factual information. For example, with *Indicator#18 (Student satisfaction with clinical placements)*, this will require respondents to acquire and aggregate results of student satisfaction surveys conducted by the respondent's organisation. Similarly, *Indicator#46 (Net change in the number of trained supervisors)* will require health services to review their HR records for the total number of trained supervisors they have on staff.

The following tables categorise the high priority indicators by the recommended data collection instrument.

### Confidentiality

To be able to appropriately interpret data collected for the purposes of addressing indicators, in some instances it will be necessary to collect ancillary contextual information. The information may be sufficient to identify the project to which the data pertains or the individual or organisation that provided the input, even though this was not the purpose of collecting it.

As a publicly funded initiative, VCTC records are subject to public scrutiny and any evaluation of *Well Placed. Well Prepared* will be a matter of public record. Factual information relating to *Well Placed. Well Prepared*, whether routinely collected for program records or specifically collected for evaluation purposes, will be subject to the same disclosure provisions that apply to all Department of Health programs. Nevertheless, every care must be taken to maintain appropriate confidentiality of all information collected or used for the purposes of evaluating *Well Placed. Well Prepared*. This is particularly the case where stakeholders have provided their opinions or assessment of VCTC or CPN Committee practices or CPN staff performance. If informants to the evaluation cannot be assured their inputs will be treated confidentially, they may decline to participate in the evaluation or may be reluctant to provide negative feedback, through a concern this could adversely affect their future dealings with the Department or their CPN.

This need for confidentiality also has implications for the conduct and oversight of evaluation activities, to ensure a completely objective assessment of *Well Placed. Well Prepared* and its implementation.

### Frequency of data collection

It has already been determined that there will be two evaluation processes, one at the mid-term point (late 2013) and a second evaluation at the end of *Well Placed. Well Prepared* term (late 2015). However, it is apparent from the indicator specifications (see Appendix B) that data to be used to address indicators will fall into two categories in terms of their frequency of collection. The first category is data that will be collected routinely as part of standard business practice for activities being conducted within the clinical placement system. Examples include data concerning supply and demand, system capacity, etc. These data will be collected almost continually (and collated to provide annual figures) and will require only collation and analysis for the purposes of evaluation. The second category is data that will be collected specifically for evaluation and will therefore be collected only as frequently as evaluation activities are conducted.

**Table 7: High priority indicators requiring data collection through a survey**

Ind ID	Indicator name	Health service staff	Education provider staff	Students	Other (e.g. peak bodies)
3	Stakeholder perceptions of governance arrangements	Yes	Yes		Yes
4	Stakeholder perceptions of leadership provided by VCPC	Yes	Yes		Yes
5	Stakeholder perceptions of CPN committees and processes	Yes	Yes		Yes
7	Clarity about the purpose of the various initiatives	Yes	Yes		
8	Stakeholders were satisfied with the transparency of funding processes	Yes	Yes		
11	Assessment of efficiency of programs	Yes	Yes		
12	Perceptions of adequacy of communication processes and materials	Yes	Yes		
14	Stakeholder satisfaction with opportunities for networking	Yes	Yes		
16	Health service staff perceptions of their organisational culture with respect to education	Yes			
19	Stakeholder awareness of <i>Well Placed. Well Prepared</i>	Yes	Yes		
22	Stakeholder satisfaction with relationships	Yes	Yes		
23	Level of stakeholder satisfaction with each IMS in relation to data integrity, relevance and reliability	Yes	Yes		
26	Overall improvement in the Victorian clinical placement system	Yes	Yes		Yes
30	Stakeholder satisfaction with planning process	Yes	Yes		
31	Rate of perceived adherence to planning process framework principles	Yes	Yes		
37	Stakeholder satisfaction with viCPlace	Yes	Yes		
64	Stakeholder perception of the knowledge and skills of CPN staff to support BPCLE roll-out	Yes	Yes		
72	Stakeholder satisfaction with BPCLE Framework implementation tools	Yes			
79	Stakeholder satisfaction with the statewide networking mechanism for coordinating SBET resources	Yes	Yes		
84	Adequacy of data definitions	Yes	Yes		
85	Awareness of the purpose of each IMS	Yes	Yes		
88	The data and information needs of stakeholders are being met	Yes	Yes		
	<b>TOTALS</b>	<b>22</b>	<b>20</b>	<b>0</b>	<b>4</b>

**Table 8: High priority indicators requiring data collection though data extraction**

<b>Ind ID</b>	<b>Indicator name</b>	<b>CPN dataset</b>	<b>viCPlace</b>	<b>DoH dataset</b>	<b>HWA dataset</b>
1	Proportion of EPs involved in one or more initiatives	Yes	Yes		Yes
2	Proportion of health services involved in one or more initiatives	Yes	Yes		Yes
6	Amount of funding per clinical placement activity unit (student day)			Yes	Yes
9	Funds appropriately expended	Yes		Yes	
15	Extent of alignment of supply and demand		Yes		Yes
17	Net change to system capacity		Yes		
20	Rate of growth of supply of clinical placements matches (or exceeds) the rate of growth of demand		Yes		
21	Proportion of health services involved in clinical placements	Yes	Yes		Yes
24	Proportion of student placement time in various settings compared to proportion of workforce in each setting		Yes		Yes
50	Proportion of placements undertaken in expanded settings prior to start of initiative		Yes	Yes	
52	Proportion of expanded setting sites involved in clinical placements		Yes	Yes	Yes
61	Proportion of student placement time in rural settings compared to proportion of workforce in rural areas		Yes		Yes
<b>TOTALS</b>		<b>4</b>	<b>10</b>	<b>4</b>	<b>8</b>

**Table 9: High priority indicators requiring data collection through reports**

Ind ID	Indicator name	Type of report	Metro CPNs	Regional CPNs	Metro health services	Regional health services	Education providers	DoH	HWA	viCPlace	SLEs
10	Ease of reporting	Report based on end-of project feedback	Yes	Yes				Yes			
13	HWA rating of the alignment between Victoria and national processes	Report based on HWA audit of Victoria's involvement in national processes							Yes		
18	Student satisfaction with clinical placements	Report based on student feedback			Yes	Yes	Yes				
25	Proportion of health services that maintain or improve their self-assessment scores against the BPCLE Framework over consecutive reporting periods	Report generated by the BPCLE online implementation tool						Yes			
35	Proportion of organisations that have migrated primarily to the new system	Report provided by health services and education providers			Yes	Yes	Yes				
38	Proportion of organisations that include student supervision KPIs in position descriptions	HR report			Yes	Yes					
46	Net change in the number of trained supervisors	HR report			Yes	Yes					
48	Retention of supervisors	Activity report			Yes	Yes					
53	Level of participation/interest in clinical placements within regional and rural health services	Report based on CPN records of active/potential placement sites		Yes						Yes	
54	Proportion of staff with supervision training (by level)	BPCLE Indicator report to DoH				Yes					
57	Student issues with respect to accommodation				Yes	Yes	Yes				
66	Level of satisfaction with events	Report based on feedback received through post-event evaluation forms	Yes	Yes							
76	Proportion of BPCLE self-assessments completed	Report generated by the BPCLE online implementation tool						Yes			
77	Proportion of Victorian health services that have incorporated the BPCLE Framework within their broader quality plan	Report based on organisational audit			Yes	Yes					
82	Proportion of SLEs that have been assessed against at least one quality framework and have developed a quality improvement action plan	Report based on facility audit									Yes
<b>TOTAL</b>			<b>2</b>	<b>3</b>	<b>7</b>	<b>8</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>2</b>

### 5.8.2 Analysis

As with any data analysis, analysis and interpretation of data as part of the evaluation of *Well Placed. Well Prepared* is subject to limitations and caveats.

Section 5.6 of this framework identified internal and external factors that are likely to impact on the extent to which the major outcomes are achieved and many of these same factors may confound the interpretation of data collected against some of the indicators. With some of the indicator specifications (see Appendix B), an attempt has been made to identify where there might be confounding factors, some of which can be accounted for through collection of contextual information, but many of which cannot. Therefore, care must be taken to avoid over-interpretation of the data during analysis.

It is also important to recognise that some of the indicators are, at best, only proxy measures for a particular outcome or objective. While direct measures are preferable, it is not always possible to identify an indicator that directly measures a given characteristic of an entity or a process. For example, Indicator#53 (*Level of participation/interest in clinical placements within regional and rural health services*) provides a proxy measure for the organisational education culture in rural health services (which is an important underpinning for providing effective clinical placements).

Another important issue that will need to be accounted for during analysis of the data is the timing of the initiatives in the context of *Well Placed. Well Prepared*, and the fact that a number of the initiatives pre-date the commencement of the plan in 2012. As was discussed in Section 5.8.1, this has implications for the measurement of many indicators (in terms of establishing baseline data), but it also limits the extent to which outcomes can be attributed to the implementation of *Well Placed. Well Prepared* itself.

Perhaps the most challenging aspect of data analysis and interpretation will be in drawing the results together to form conclusions about the success or otherwise of *Well Placed. Well Prepared*. As discussed in Section 5.3.1, the strategic priorities identified in *Well Placed. Well Prepared* provide a useful framework to categorise the aspects of the system that need to be addressed to improve the system overall. As such, it is not the strategic priorities that are being evaluated. Indeed, in a system that is constantly evolving (such as the clinical placement system), it will always be necessary to monitor and address capacity, quality, innovation and governance issues, to ensure the system operates optimally. Therefore, it is somewhat meaningless to ask whether a particular priority has been “successfully achieved”.

How then should the success of *Well Placed. Well Prepared* be evaluated? The answer is almost certainly “indirectly”, since there is no single indicator (or set of indicators) that will measure this success. Indeed, the most useful indicators for measuring the success of *Well Placed. Well Prepared* will be those that provide information relevant to the achievement of the desired outcomes (*an efficient system, an equitable system, a high quality system, a reliable and adaptive system*). But even here, there are so many facets of the system that contribute to its efficiency, quality, etc that it will only be possible to measure whether a particular initiative achieved its particular objectives in terms of an improvement (whether perceived or quantifiable) to that aspect of the system.

Therefore, the success (or otherwise) of *Well Placed. Well Prepared* is most likely to be gauged by a combination of:

- i. Whether individual initiatives achieved their objectives (which will contribute to the desired outcomes); and
- ii. Whether individual initiatives were conducted in an appropriate manner (which will demonstrate the robustness and transparency of governance and management structures); and
- iii. Whether there are demonstrable and sustainable increases in system capacity; and
- iv. Whether there is increased satisfaction with the system.

The following table identifies indicators that could be used to address these four questions. Indicators shown in bold have been identified as high priority indicators. As can be seen from the table, not all 88 indicators necessarily directly answer one of these questions, although they do provide valuable contextual information about the system.

**Table 10: Indicators that will be useful in assessing the overall success of *Well Placed. Well Prepared***

Key question	Relevant indicators
Did individual initiatives achieve their objectives?	<b>21, 23, 25</b> , 33, <b>35</b> , 41, <b>46</b> , 47, <b>52, 53, 54, 61, 76, 77</b> , 83
Were individual initiatives conducted in an appropriate manner?	<b>8</b> , 30, <b>64, 66</b> , 72, 73, 79, <b>85</b>
Were there demonstrable and sustainable increases in system capacity?	<b>15, 17, 20, 24, 46</b> , 60, 80
Was there increased satisfaction with the system?	<b>3, 4, 5, 14, 16, 18, 22, 23, 26</b> , 32, 49, 88

### 5.8.3 Reporting

Reporting of evaluation outcomes can be considered as falling into two categories, namely *internal* reporting and *external* reporting.

#### Internal reporting

Internal reporting refers to those reports that will be produced primarily for the consideration of the VCTC in the first instance. Two major internal reports are anticipated:

- An interim evaluation report to be produced following the conduct of the mid-term evaluation in late 2013. This report will provide the initial results for the 41 indicators that are recommended for measurement at this time. The report should include some analysis and discussion of any methodological issues that arise with the collection of performance information and, if required, make recommendations about appropriate modification to relevant indicators. Following consideration and sign-off by the VCTC, this report (or a summary version) should be made available to the CPN committees.
- A final evaluation report will be produced following the final evaluation in late 2015. This report should include:
  - Results for all high-priority indicators;
  - Discussion of the major methodological issues associated with collection and reporting of performance information;
  - Analysis of the results and their implications for the major initiatives and outcomes of *Well Placed. Well Prepared*; and
  - Recommendations for ongoing evaluation of the clinical placement system in Victoria

As with the interim report, a version of the final report will need to be prepared for wider distribution to stakeholders across the clinical placement system.

In addition to these two major reports, it is expected the department would provide regular updates on the progress with major evaluation activities during 2013–15. For example, the department should brief the VCTC about the conduct of the *Well Placed. Well Prepared. Stakeholder Survey*, to inform them of its exact timing, the agency that has been selected to conduct the survey and any other issues of note.

#### External reporting

The external reporting of evaluation results needs to address several imperatives:

- Provide information for a wider group of stakeholders about the outcomes of the major evaluation activities.
- Drive improvement in ongoing processes and future planning.

- Recognise the different levels of interest and participation in the clinical placement system, and in particular, the fact that many stakeholders will not have the time to read lengthy evaluation reports.

Therefore, it is recommended that a range of reports and reporting formats be considered for development. These could include:

- Brief (1-2 page) summaries of the mid-term and final evaluations, which highlight the major outcomes of the evaluation and which could be published on the VCTC website.
- Brief (1-2 page) overviews of the evaluation outcomes for each of the major initiatives under *Well Placed. Well Prepared*. This would enable stakeholders with an interest in particular features of the clinical placement system to easily access the evaluation findings of most interest and relevance to them.
- A forum that presents the results of the evaluation and considers input from stakeholders about next steps.

## 5.9 Roles and responsibilities

The implementation of this evaluation framework relies upon a commitment from the VCTC, the Department of Health (in particular, the Sector Workforce Planning Team and the CPN coordinators) and other stakeholders of the Victorian clinical placement system. The roles and responsibilities of these groups are discussed in more detail below.

### VCTC

As the owner of the evaluation framework, VCTC is the entity that must be ultimately satisfied that the evaluation framework provides the high quality information upon which it can make decisions about future directions and ongoing policy development. The evaluation should inform ongoing refinements of the existing strategic plan and the VCTC's next period of strategic planning.

The VCTC's role is to provide advice and direction as the evaluation proceeds. While reliant upon the department to coordinate the conduct of evaluation activities, the VCTC's members will need to be actively engaged and provide appropriate feedback when it receives regular updates on the conduct of evaluation activities.

### Department of Health

To ensure the successful implementation of the evaluation framework, the department's Sector Workforce Planning Team will need to act as both a facilitator of evaluation and as a source of performance information.

As facilitators of the process, Sector Workforce Planning staff and the CPN coordinators will need to engage with all stakeholders to:

- Educate them about the nature of evaluation activities;
- Encourage their participation in specific evaluation activities;
- Provide support, particularly where stakeholders are asked to collect and provide performance information; and
- Provide feedback on the evaluation outcomes once these become available.

As a primary source of performance information, the department will be collecting relevant data as part of its standard operating procedures.

It is likely the department will need to engage independent organisations for some information gathering exercises, particularly the *Well Placed. Well Prepared. Stakeholder Survey*. Nevertheless, it is ultimately the department's responsibility to ensure performance data is of sufficient quality and collected in a timely fashion to enable an accurate overall evaluation of *Well Placed. Well Prepared*.

### HWA

HWA has multiple roles in this evaluation framework, specifically:

- As a generator of data (i.e. through the conduct of its IRCTN survey);
- As a source of performance information (particularly with respect to indicators listed in Table 8); and
- As a funding agency with a vested interest in seeing improvements and development in the Victorian clinical placement system.

### CPN committees

The CPN committees will be responsible for facilitating evaluation activities within their region and providing feedback on specific evaluation activities as they proceed. CPN committees will also be expected to consider the results of the interim and final evaluations and to make recommendations about how the results of the evaluation can be best utilised.

### Health services

The primary role for health services in evaluation of *Well Placed. Well Prepared* is as contributors of information that will address specific performance indicators. In some cases, a health service may be required to collect data themselves (or extract data from their own

administrative records), which will then be forwarded to the Department of Health for analysis; in other cases, health service staff may contribute data through completion of surveys or other data collection tools.

Health services will be required to:

- Participate in satisfaction surveys.
- Maintain records of relevant organisational elements with respect to clinical placements (e.g. number of staff that have completed supervisor training).
- Complete feedback forms when they participate in department and CPN forums.
- Use evaluation results to plan for improvements in the conduct of clinical placements within the health service.

#### Education providers

Like health services, the primary role for education providers in this evaluation framework is as contributors of information that will address specific performance indicators. Education provider staff are expected to be participants in stakeholder surveys and education provider organisations are expected to provide reports in relation to three indicators (#18, #35 and #57). It is also expected that education providers will utilise the results of evaluation, where relevant, to assist with improvements to their contribution to the clinical placement system.

#### Other stakeholders

The other major stakeholder group involved in evaluation will be students, although their involvement is limited to participating in the student satisfaction surveys that are conducted by health services and education providers. Health care consumers are not identified as having a specific role in the evaluation framework, but may be interested in accessing the findings of evaluation, if published on the VCTC website.

## Appendix A: Alignment of evaluation questions and indicators

The following table presents the evaluation questions set out in Table 4 aligned against the 88 indicators developed for *Well Placed. Well Prepared* and its component initiatives. Note that many indicators align to a number of evaluation questions.

Evaluation type	Evaluation questions	Indicators that will inform each evaluation question
<b>Overall strategic plan</b>		
Formative	<ul style="list-style-type: none"> <li>▪ How useful was <i>Well Placed. Well Prepared</i> in guiding the reconfiguration of the Victorian clinical placement planning system?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stakeholder perceptions of leadership provided by VCTC (#4)</li> <li>▪ Clarity about the purpose of the various initiatives (#7)</li> <li>▪ HWA rating of the alignment between Victoria and national processes (#13)</li> <li>▪ Stakeholder awareness of <i>Well Placed. Well Prepared</i> (#19)</li> </ul>
	<ul style="list-style-type: none"> <li>▪ How well was the plan communicated to stakeholders?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stakeholder perceptions of governance arrangements (#3)</li> <li>▪ Clarity about the purpose of the various initiatives (#7)</li> <li>▪ Perceptions of adequacy of communication processes and materials (#12)</li> <li>▪ Stakeholder awareness of <i>Well Placed. Well Prepared</i> (#19)</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Were governance and management arrangements for implementation of <i>Well Placed. Well Prepared</i> appropriate?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stakeholder perceptions of governance arrangements (#3)</li> <li>▪ Stakeholder perceptions of leadership provided by VCTC (#4)</li> <li>▪ Stakeholders were satisfied with the transparency of funding processes (#8)</li> <li>▪ Ease of reporting (#10)</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Were the resources (human, material, financial) that were needed for successful implementation of <i>Well Placed. Well Prepared</i> properly identified and delivered as required?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stakeholder perceptions of CPN committees and processes (#5)</li> <li>▪ Amount of funding per clinical placement activity unit (student day) (#6)</li> <li>▪ Stakeholders were satisfied with the transparency of funding processes (#8)</li> <li>▪ Funds appropriately expended (#9)</li> <li>▪ Perceptions of adequacy of communication processes and materials (#12)</li> <li>▪ Stakeholder satisfaction with opportunities for networking (#14)</li> <li>▪ Level of stakeholder satisfaction with each IMS in relation to data integrity, relevance and reliability (#23)</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Were the implementation processes conducted satisfactorily?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stakeholder perceptions of governance arrangements (#3)</li> <li>▪ Stakeholder perceptions of CPN committees and processes (#5)</li> <li>▪ Stakeholders were satisfied with the transparency of funding processes (#8)</li> <li>▪ Funds appropriately expended (#9)</li> <li>▪ Ease of reporting (#10)</li> <li>▪ Assessment of efficiency of programs (#11)</li> <li>▪ Perceptions of adequacy of communication processes and materials (#12)</li> <li>▪ Stakeholder satisfaction with opportunities for networking (#14)</li> <li>▪ Level of stakeholder satisfaction with each IMS in relation to data integrity, relevance and reliability (#23)</li> </ul>

	<ul style="list-style-type: none"> <li>What barriers or problems impacted negatively on the implementation of <i>Well Placed. Well Prepared</i>?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of EPs involved in one or more initiatives (#1)</li> <li>Proportion of health services involved in one or more initiatives (#2)</li> <li>Stakeholder perceptions of CPN committees and processes (#5)</li> <li>Amount of funding per clinical placement activity unit (student day) (#6)</li> <li>Stakeholders were satisfied with the transparency of funding processes (#8)</li> <li>Ease of reporting (#10)</li> <li>Assessment of efficiency of programs (#11)</li> <li>Perceptions of adequacy of communication processes and materials (#12)</li> <li>Health service staff perceptions of their organisational culture with respect to education (#16)</li> <li>Stakeholder awareness of <i>Well Placed. Well Prepared</i> (#19)</li> <li>Level of stakeholder satisfaction with each IMS in relation to data integrity, relevance and reliability (#23)</li> </ul>
Summative	<ul style="list-style-type: none"> <li>Were essential linkages made between the initiatives that sit under the plan?</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder perceptions of CPN committees and processes (#5)</li> <li>Clarity about the purpose of the various initiatives (#7)</li> <li>Assessment of efficiency of programs (#11)</li> <li>Perceptions of adequacy of communication processes and materials (#12)</li> <li>HWA rating of the alignment between Victoria and national processes (#13)</li> <li>Stakeholder satisfaction with opportunities for networking (#14)</li> </ul>
	<ul style="list-style-type: none"> <li>Did implementation of <i>Well Placed. Well Prepared</i> achieve the expected outcomes?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of EPs involved in one or more initiatives (#1)</li> <li>Proportion of health services involved in one or more initiatives (#2)</li> <li>HWA rating of the alignment between Victoria and national processes (#13)</li> <li>Extent of alignment of supply and demand (#15)</li> <li>Net change to system capacity (#17)</li> <li>Student satisfaction with clinical placements (#18)</li> <li>Rate of growth of supply of clinical placements matches (or exceeds) the rate of growth of demand for clinical placements(#20)</li> <li>Proportion of health services involved in clinical placements (#21)</li> <li>Stakeholder satisfaction with relationships (#22)</li> <li>Level of stakeholder satisfaction with each IMS in relation to data integrity, relevance and reliability (#23)</li> <li>Proportion of student placement time in various settings compared to proportion of workforce in each setting (#24)</li> <li>Proportion of health services that maintain or improve their self-assessment scores against the BPCLE Framework over consecutive reporting periods (#25)</li> <li>Overall improvement in the Victorian clinical placement system (#26)</li> </ul>
	<ul style="list-style-type: none"> <li>What factors contributed to any successes?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of EPs involved in one or more initiatives (#1)</li> <li>Proportion of health services involved in one or more initiatives (#2)</li> <li>Stakeholder perceptions of leadership provided by VCTC (#4)</li> <li>Stakeholder perceptions of CPN committees and processes (#5)</li> <li>Amount of funding per clinical placement activity unit (student day) (#6)</li> </ul>

		<ul style="list-style-type: none"> <li>▪ Stakeholders were satisfied with the transparency of funding processes (#8)</li> <li>▪ Ease of reporting (#10)</li> <li>▪ Assessment of efficiency of programs (#11)</li> <li>▪ Perceptions of adequacy of communication processes and materials (#12)</li> <li>▪ Stakeholder satisfaction with opportunities for networking (#14)</li> <li>▪ Health service staff perceptions of their organisational culture with respect to education (#16)</li> <li>▪ Level of stakeholder satisfaction with each IMS in relation to data integrity, relevance and reliability (#23)</li> </ul>
	<ul style="list-style-type: none"> <li>▪ What changes, if any, would improve the ongoing implementation of <i>Well Placed. Well Prepared</i>?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stakeholder perceptions of CPN committees and processes (#5)</li> <li>▪ Amount of funding per clinical placement activity unit (student day) (#6)</li> <li>▪ Ease of reporting (#10)</li> <li>▪ Assessment of efficiency of programs (#11)</li> <li>▪ Perceptions of adequacy of communication processes and materials (#12)</li> <li>▪ Health service staff perceptions of their organisational culture with respect to education (#16)</li> </ul>
<b>Clinical Placement Planning</b>		
Formative	<ul style="list-style-type: none"> <li>▪ Were stakeholders sufficiently well informed to allow the process to proceed as expected?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Perceptions of adequacy of communication processes and materials (#12)</li> <li>▪ User satisfaction with participant kit (#27)</li> <li>▪ Effectiveness of communication (#28)</li> <li>▪ The adequacy of the training to allow participation in the process (#29)</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Did viCPlace facilitate the process?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stakeholder satisfaction with viCPlace (#37)</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Was the Clinical Placement Planning Framework useful in guiding the process?</li> </ul>	<ul style="list-style-type: none"> <li>▪ User satisfaction with participant kit (#27)</li> </ul>
	<ul style="list-style-type: none"> <li>▪ What barriers or problems impacted negatively on the implementation of the planning process?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Perceptions of adequacy of communication processes and materials (#12)</li> <li>▪ The adequacy of the training to allow participation in the process (#29)</li> <li>▪ Stakeholder satisfaction with planning process (#30)</li> </ul>
Summative	<ul style="list-style-type: none"> <li>▪ Were the principles of the Framework upheld over the course of the process?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rate of perceived adherence to planning process framework principles (#31)</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Were stakeholders satisfied with the process and the outcomes?</li> </ul>	<ul style="list-style-type: none"> <li>▪ The adequacy of the training to allow participation in the process (#29)</li> <li>▪ Stakeholder satisfaction with planning process (#30)</li> <li>▪ Stakeholder satisfaction with clinical placement planning (#32)</li> </ul>
	<ul style="list-style-type: none"> <li>▪ What factors contributed to any successes?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Perceptions of adequacy of communication processes and materials (#12)</li> <li>▪ The adequacy of the training to allow participation in the process (#29)</li> <li>▪ Stakeholder satisfaction with planning process (#30)</li> <li>▪ Rate of perceived adherence to planning process framework principles (#31)</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Has the clinical placement planning process improved the efficiency and fairness of arranging clinical placements for nursing?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stakeholder satisfaction with planning process (#30)</li> <li>▪ Stakeholder satisfaction with clinical placement planning (#32)</li> </ul>

	<ul style="list-style-type: none"> <li>Is the system ready to be rolled out to other disciplines?</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder satisfaction with clinical placement planning (#32)</li> <li>The rate of cancelled placement days (#33)</li> </ul>
<b>viCPlace</b>		
Formative	<ul style="list-style-type: none"> <li>Were the system requirements sufficiently understood at the commencement of the initiative?</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder satisfaction with viCPlace help resources (#36)</li> </ul>
	<ul style="list-style-type: none"> <li>Did the development of viCPlace proceed according to plan?</li> </ul>	<ul style="list-style-type: none"> <li>Anticipated timelines met (#34)</li> <li>Proportion of organisations that have migrated primarily to viCPlace (#35)</li> </ul>
	<ul style="list-style-type: none"> <li>How well was the system communicated to stakeholders?</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder satisfaction with viCPlace help resources (#36)</li> </ul>
	<ul style="list-style-type: none"> <li>What factors contributed to any successes during the development and roll out of the system?</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder satisfaction with viCPlace help resources (#36)</li> <li>Stakeholder satisfaction with viCPlace (#37)</li> </ul>
	<ul style="list-style-type: none"> <li>What barriers or problems impacted negatively on the development and roll out of the system?</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder satisfaction with viCPlace help resources (#36)</li> <li>Stakeholder satisfaction with viCPlace (#37)</li> </ul>
Summative	<ul style="list-style-type: none"> <li>Are stakeholders satisfied with the system?</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder satisfaction with viCPlace help resources (#36)</li> <li>Stakeholder satisfaction with viCPlace (#37)</li> </ul>
	<ul style="list-style-type: none"> <li>Has the system improved the management of information needed for clinical placement planning, management and administration?</li> </ul>	<ul style="list-style-type: none"> <li>Level of stakeholder satisfaction with each IMS in relation to data integrity, relevance and reliability (#23)</li> <li>Stakeholder satisfaction with viCPlace (#37)</li> </ul>
<b>Supervision Support</b>		
Formative	<ul style="list-style-type: none"> <li>Were the organisational enablers for supervision support (including senior management support and supportive partnerships) in place?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of organisations that include student supervision KPIs in position descriptions (#38)</li> <li>Supervision support is discussed as part of relationship negotiations (#40)</li> </ul>
	<ul style="list-style-type: none"> <li>Was the National Clinical Supervision Support Framework useful in guiding the implementation of the initiative?</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder perception of utility of HWA framework (#39)</li> </ul>
	<ul style="list-style-type: none"> <li>Were stakeholders sufficiently well informed about the initiative?</li> </ul>	<ul style="list-style-type: none"> <li>Perceptions of adequacy of communication processes and materials (#12)</li> <li>Process for engaging clinicians has been trialled and established (#44)</li> </ul>
	<ul style="list-style-type: none"> <li>What barriers or problems impacted negatively on the implementation of the initiative?</li> </ul>	<ul style="list-style-type: none"> <li>Process for engaging clinicians has been trialled and established (#44)</li> </ul>
	<ul style="list-style-type: none"> <li>What factors contributed to successful roll out?</li> </ul>	<ul style="list-style-type: none"> <li>Process for engaging clinicians has been trialled and established (#44)</li> </ul>
Summative	<ul style="list-style-type: none"> <li>Were the training programs for supervisors appropriate and did they address supervisor needs?</li> </ul>	<ul style="list-style-type: none"> <li>Number of supervisors attending training (#41)</li> <li>Number of supervisors accessing online training (#42)</li> </ul>
	<ul style="list-style-type: none"> <li>Was a professional network for supervisors established and did it meet the needs of clinical supervisors?</li> </ul>	<ul style="list-style-type: none"> <li>Number of active participants in a professional network for clinical supervisors (#43)</li> </ul>
	<ul style="list-style-type: none"> <li>Did the initiative improve (or establish) other support structures for clinical supervisors?</li> </ul>	<ul style="list-style-type: none"> <li>Number of active participants in a professional network for clinical supervisors (#43)</li> <li>Process for engaging clinicians has been trialled and established (#44)</li> <li>Perceptions of supervisors concerning the level of support (#45)</li> </ul>
	<ul style="list-style-type: none"> <li>Did the initiative improve the competence level of clinical supervisors?</li> </ul>	<ul style="list-style-type: none"> <li>Net change in the number of trained supervisors (#46)</li> <li>Proportion of discipline areas for which supervision capacity exists (#47)</li> </ul>
	<ul style="list-style-type: none"> <li>Were stakeholders satisfied with the outcomes from the initiative?</li> </ul>	<ul style="list-style-type: none"> <li>Perceptions of supervisors concerning the level of support (#45)</li> <li>Retention of supervisors (#48)</li> </ul>

		<ul style="list-style-type: none"> <li>Satisfaction level of supervisors (#49)</li> </ul>
<b>Expanded Settings</b>		
Formative	<ul style="list-style-type: none"> <li>What factors (positive and negative) affected implementation of the initiative?</li> </ul>	<ul style="list-style-type: none"> <li>Perceptions of adequacy of communication processes and materials (#12)</li> <li>Proportion of sites with relevant policies and procedures (#51)</li> </ul>
	<ul style="list-style-type: none"> <li>Were expanded settings stakeholders sufficiently well informed about the initiative?</li> </ul>	<ul style="list-style-type: none"> <li>Perceptions of adequacy of communication processes and materials (#12)</li> <li>Stakeholder awareness of funding opportunities (#63)</li> </ul>
	<ul style="list-style-type: none"> <li>Were Aboriginal Health Services actively engaged?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of expanded setting sites involved in clinical placements (#52)</li> </ul>
	<ul style="list-style-type: none"> <li>What proportion of target organisations was reached by the initiative?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of expanded setting sites involved in clinical placements (#52)</li> </ul>
Summative	<ul style="list-style-type: none"> <li>Have health course curricula been successfully revised to accommodate opportunities for placements in expanded settings?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of sites with relevant policies and procedures (#51)</li> </ul>
	<ul style="list-style-type: none"> <li>Has the BPCLE Framework been a useful tool for expanded settings as they establish or improve their clinical learning environments?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of Victorian health services that have incorporated the BPCLE Framework within their broader quality plan (#77)</li> </ul>
	<ul style="list-style-type: none"> <li>What impact have CPN initiatives had on the educational culture of expanded settings?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of sites with relevant policies and procedures (#51)</li> </ul>
	<ul style="list-style-type: none"> <li>What have been the critical success factors – and barriers – to achieving the objectives of the CPN initiatives in expanded settings?</li> </ul>	<ul style="list-style-type: none"> <li>Perceptions of adequacy of communication processes and materials (#12)</li> <li>Proportion of sites with relevant policies and procedures (#51)</li> </ul>
	<ul style="list-style-type: none"> <li>Has participation by expanded settings in clinical placement activities increased?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of expanded setting sites involved in clinical placements (#52)</li> </ul>
	<ul style="list-style-type: none"> <li>Have CPN initiatives resulted in an appropriate and sustainable distribution of clinical placements across setting types?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of student placement time in various settings compared to proportion of workforce in each setting (#24)</li> <li>Proportion of expanded setting sites involved in clinical placements (#52)</li> </ul>
<b>Rural Initiatives</b>		
Formative	<ul style="list-style-type: none"> <li>What factors (positive and negative) affected implementation of the initiative?</li> </ul>	<ul style="list-style-type: none"> <li>Level of participation/interest in clinical placements within regional and rural health services (#53)</li> <li>Supervisor attitudes to training provided to support their role in clinical education (#55)</li> <li>Amount of funding spent on upgrading/developing infrastructure (#56)</li> </ul>
	<ul style="list-style-type: none"> <li>Were stakeholders sufficiently well informed about the initiative?</li> </ul>	<ul style="list-style-type: none"> <li>Perceptions of adequacy of communication processes and materials (#12)</li> <li>Stakeholder awareness of funding opportunities (#63)</li> </ul>
	<ul style="list-style-type: none"> <li>Were rural Aboriginal Health Services actively engaged?</li> </ul>	<ul style="list-style-type: none"> <li>Level of participation/interest in clinical placements within regional and rural health services (#53)</li> </ul>
	<ul style="list-style-type: none"> <li>What proportion of target organisations was reached by the initiative?</li> </ul>	<ul style="list-style-type: none"> <li>Level of participation/interest in clinical placements within regional and rural health services (#53)</li> </ul>
Summative	<ul style="list-style-type: none"> <li>Have health course curricula been successfully revised to accommodate opportunities for placements in rural settings?</li> </ul>	<ul style="list-style-type: none"> <li>Student feedback regarding meeting learning objectives (#58)</li> </ul>
	<ul style="list-style-type: none"> <li>Has the BPCLE Framework been a useful tool for rural settings as they establish or improve their clinical learning</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of Victorian health services that have incorporated the BPCLE Framework within their broader quality plan (#77)</li> </ul>

	environments?	
	<ul style="list-style-type: none"> <li>What impact has the initiative had on the infrastructure and educational culture of rural settings?</li> </ul>	<ul style="list-style-type: none"> <li>Level of participation/interest in clinical placements within regional and rural health services (#53)</li> <li>Supervisor attitudes to training provided to support their role in clinical education (#55)</li> <li>Amount of funding spent on upgrading/developing infrastructure (#56)</li> </ul>
	<ul style="list-style-type: none"> <li>What have been the critical success factors – and barriers – to achieving the initiative's objectives?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of staff with supervision training (by level) (#54)</li> <li>Supervisor attitudes to training provided to support their role in clinical education (#55)</li> <li>Student issues with respect to accommodation (#57)</li> </ul>
	<ul style="list-style-type: none"> <li>Has the initiative addressed key issues (such as student accommodation) that have limited the involvement of rural settings in clinical placement activities?</li> </ul>	<ul style="list-style-type: none"> <li>Supervisor attitudes to training provided to support their role in clinical education (#55)</li> <li>Student issues with respect to accommodation (#57)</li> <li>Learner perceptions about their feeling of safety and wellbeing during their placement (#59)</li> </ul>
	<ul style="list-style-type: none"> <li>Did the initiative result in greater participation by rural settings in clinical placement activities?</li> </ul>	<ul style="list-style-type: none"> <li>Number of available placements in rural settings (#60)</li> <li>Proportion of student placement time in rural settings compared to proportion of workforce in rural areas (#61)</li> <li>Rural placements as a proportion of the total number of placements (#62)</li> </ul>
<b>CPNs</b>		
Formative	<ul style="list-style-type: none"> <li>Were CPN Committees appropriately constituted to enable their intended functions?</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder perceptions of governance arrangements (#3)</li> <li>Stakeholder perceptions of CPN committees and processes (#5)</li> </ul>
	<ul style="list-style-type: none"> <li>Were CPNs adequately resourced to deliver their defined functions?</li> </ul>	<ul style="list-style-type: none"> <li>Amount of funding per clinical placement activity unit (student day) (#6)</li> </ul>
	<ul style="list-style-type: none"> <li>Were CPN staff sufficiently knowledgeable and skilled to fulfil their role?</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder perception of the knowledge and skills of CPN staff to support BPCLE roll-out (#64)</li> </ul>
	<ul style="list-style-type: none"> <li>Were stakeholders adequately informed about the structure and operation of the CPN system?</li> </ul>	<ul style="list-style-type: none"> <li>Perceptions of adequacy of communication processes and materials (#12)</li> <li>Stakeholder awareness of funding opportunities (#63)</li> <li>Stakeholder awareness of CPN activities (#71)</li> <li>Usefulness of newsletters (#73)</li> </ul>
	<ul style="list-style-type: none"> <li>Were stakeholders aware of the various activities conducted by CPNs?</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder awareness of funding opportunities (#68)</li> <li>Stakeholder awareness of CPN activities (#65)</li> <li>Usefulness of newsletters (#67)</li> </ul>
	<ul style="list-style-type: none"> <li>What proportion of targeted stakeholders was involved in each CPN-led initiative?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of EPs involved in one or more initiatives (#1)</li> <li>Proportion of health services involved in one or more initiatives (#2)</li> </ul>
Summative	<ul style="list-style-type: none"> <li>Did CPNs successfully deliver against their KPIs?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of expanded setting sites involved in clinical placements (#52)</li> <li>Stakeholder awareness of funding opportunities (#63)</li> <li>Stakeholder awareness of CPN activities (#65)</li> <li>Number of stakeholders on the list (#68)</li> <li>Net increase in participation of expanded setting sites (#69)</li> <li>Variance between scheduled and actual clinical placement activity (#70)</li> </ul>

	<ul style="list-style-type: none"> <li>Were stakeholders satisfied with the performance of their CPNs?</li> </ul>	<ul style="list-style-type: none"> <li>Level of stakeholder satisfaction with each IMS in relation to data integrity, relevance and reliability (#23)</li> <li>Stakeholder satisfaction with clinical placement planning (#32)</li> <li>Level of satisfaction with events (#66)</li> <li>Usefulness of newsletters (#67)</li> </ul>
	<ul style="list-style-type: none"> <li>Did the CPN system result in a coordinated and consistent statewide approach to clinical education and training?</li> </ul>	<ul style="list-style-type: none"> <li>Assessment of efficiency of programs (#11)</li> <li>Stakeholder satisfaction with clinical placement planning (#32)</li> <li>Net increase in participation of expanded setting sites (#69)</li> <li>Variance between scheduled and actual clinical placement activity (#70)</li> </ul>
	<ul style="list-style-type: none"> <li>What have been the critical success factors – and barriers – to achieving the initiative's objectives?</li> </ul>	<ul style="list-style-type: none"> <li>Level of stakeholder satisfaction with each IMS in relation to data integrity, relevance and reliability (#23)</li> <li>Stakeholder perception of the knowledge and skills of CPN staff to support BPCLE roll-out (#64)</li> <li>Stakeholder awareness of CPN activities (#65)</li> <li>Number of stakeholders on the list (#68)</li> </ul>
<b>BPCLE Framework</b>		
Formative	<ul style="list-style-type: none"> <li>What proportion of stakeholders was aware of the implementation of the BPCLE Framework?</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder awareness of the development projects for the BPCLE Framework (#71)</li> <li>Stakeholder awareness of the roll out of the BPCLE Framework (#73)</li> </ul>
	<ul style="list-style-type: none"> <li>Did the pilot implementation process result in tools and processes that will adequately support statewide roll out of the Framework?</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder satisfaction with BPCLE Framework implementation tools (#72)</li> </ul>
	<ul style="list-style-type: none"> <li>Was sufficient assistance and support provided to health services as they implemented the Framework?</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder perception of the knowledge and skills of CPN staff to support BPCLE roll-out (#64)</li> <li>Stakeholder satisfaction with training (#74)</li> </ul>
	<ul style="list-style-type: none"> <li>What proportion of targeted health services completed the implementation of the Framework in the required timeframe?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of BPCLE self-assessments completed (#76)</li> <li>Proportion of Victorian health services that have incorporated the BPCLE Framework within their broader quality plan (#77)</li> </ul>
Summative	<ul style="list-style-type: none"> <li>Were health services able to collect and report against the BPCLE indicators they selected?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of health services reporting their indicators in the timeframe (#75)</li> </ul>
	<ul style="list-style-type: none"> <li>Did implementation of the BPCLE Framework improve student satisfaction with their clinical placements?</li> </ul>	<ul style="list-style-type: none"> <li>Student satisfaction with clinical placements (#18)</li> </ul>
	<ul style="list-style-type: none"> <li>Did implementation of the BPCLE Framework change the organisational culture of health services with respect to education?</li> </ul>	<ul style="list-style-type: none"> <li>Health service staff perceptions of their organisational culture with respect to education (#16)</li> <li>Stakeholder satisfaction with relationships (#22)</li> <li>Proportion of sites with relevant policies and procedures (#51)</li> </ul>
	<ul style="list-style-type: none"> <li>Did implementation of the BPCLE Framework result in a more sustainable clinical placement system in Victoria?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of Victorian health services that have incorporated the BPCLE Framework within their broader quality plan (#77)</li> </ul>
	<ul style="list-style-type: none"> <li>Did implementation of the BPCLE Framework improve the overall quality of the clinical placement system in Victoria?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of Victorian health services that have incorporated the BPCLE Framework within their broader quality plan (#77)</li> </ul>

<b>Simulated Learning Environments</b>		
Formative	<ul style="list-style-type: none"> <li>Were stakeholders adequately informed about the Victorian Strategy for Simulation Based Education and Training (SBET) and funding opportunities?</li> </ul>	<ul style="list-style-type: none"> <li>Perceptions of adequacy of communication processes and materials (#12)</li> <li>Stakeholder awareness of funding opportunities (#63)</li> </ul>
	<ul style="list-style-type: none"> <li>Did the Victorian Strategy for SBET adequately guide the development, and inform the selection, of applications for funding through the SLE funding round?</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholders were satisfied with the transparency of funding processes (#8)</li> </ul>
	<ul style="list-style-type: none"> <li>Were statewide mechanisms for coordinating Victorian SBET resources established and did these mechanisms meet the needs of stakeholders?</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder satisfaction with the statewide networking mechanism for coordinating SBET resources (#79)</li> </ul>
	<ul style="list-style-type: none"> <li>Have quality frameworks been used to drive quality improvement within SLEs?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of SLEs that have been assessed against at least one quality framework and have developed a quality improvement action plan (#82)</li> </ul>
Summative	<ul style="list-style-type: none"> <li>Did the initiative result in a more coordinated and sustainable SBET network in Victoria?</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder satisfaction with the statewide networking mechanism for coordinating SBET resources (#79)</li> <li>Proportion of skilled SBET personnel (#83)</li> </ul>
	<ul style="list-style-type: none"> <li>Has the initiative resulted in further research into patient care and educational outcomes relevant to the use of SBET, and the broader body of knowledge concerning SBET?</li> </ul>	
	<ul style="list-style-type: none"> <li>Has the initiative resulted in increased fit-for-purpose utilisation of SBET in health professional courses, both for training and assessment?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of learners undertaking some form of SBET (#80)</li> <li>Proportion of SBET involving IPE (#81)</li> </ul>
<b>Data and Information</b>		
Formative	<ul style="list-style-type: none"> <li>Was baseline data about the involvement of expanded settings in clinical placements available at the start of the initiative, to inform priority setting?</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of placements undertaken in expanded settings prior to start of initiative (#50)</li> <li>Proportion of staff with supervision training (by level) (#54)</li> <li>Number of available placements in rural settings (#60)</li> <li>Existence of a statewide simulation workforce profile (#78)</li> <li>Proportion of learners undertaking some form of SBET (#80)</li> </ul>
	<ul style="list-style-type: none"> <li>Were the data and information requirements of the clinical placement system sufficiently understood at the commencement of the initiative?</li> </ul>	<ul style="list-style-type: none"> <li>Adequacy of data definitions (#84)</li> <li>Awareness of the purpose of each IMS (#85)</li> </ul>
	<ul style="list-style-type: none"> <li>Did the development of the various IMSs proceed according to plan?</li> </ul>	<ul style="list-style-type: none"> <li>Anticipated timelines met (#34)</li> </ul>
	<ul style="list-style-type: none"> <li>How well were the systems communicated to stakeholders?</li> </ul>	<ul style="list-style-type: none"> <li>Perceptions of adequacy of communication processes and materials (#12)</li> <li>Awareness of the purpose of each IMS (#85)</li> </ul>
	<ul style="list-style-type: none"> <li>What factors contributed to any successes during the development and roll out of each system?</li> </ul>	<ul style="list-style-type: none"> <li>Perceptions of adequacy of communication processes and materials (#12)</li> <li>Awareness of the purpose of each IMS (#85)</li> </ul>
	<ul style="list-style-type: none"> <li>What barriers or problems impacted negatively on the development and roll out of each system?</li> </ul>	<ul style="list-style-type: none"> <li>Awareness of the purpose of each IMS (#85)</li> <li>Usability of each IMS (#86)</li> <li>Accessibility (#87)</li> </ul>

Summative	<ul style="list-style-type: none"> <li>▪ Are stakeholders satisfied with each IMS?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Level of stakeholder satisfaction with each IMS in relation to data integrity, relevance and reliability (#23)</li> <li>▪ Usability of each IMS (#86)</li> <li>▪ The data and information needs of stakeholders are being met (#88)</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Has the initiative resulted in improvements to the management of information needed for clinical placement planning, management and administration?</li> </ul>	<ul style="list-style-type: none"> <li>▪ The data and information needs of stakeholders are being met (#88)</li> </ul>

**Appendix B: Indicator specifications**

<b>Indicator</b>	Proportion of education providers (EPs) involved in one or more initiatives
<b>Indicator ID</b>	1
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Structural
<b>Rationale</b>	As a major stakeholder in the clinical placement system, EPs will need to be involved with the majority of initiatives within <i>Well Placed. Well Prepared</i> . This indicator will provide a gross measure of the extent to which EPs are actively participating in the development of the clinical placement system.
<b>Data source</b>	CPN datasets; viCPlace; HWA
<b>Data collection method</b>	Data extraction
<b>Numerator</b>	Number of education providers involved in at least one of the initiatives conducted under <i>Well Placed. Well Prepared</i>
<b>Denominator</b>	Total number of education providers
<b>Disaggregation</b>	Result can be disaggregated by discipline and campus, if this information is recorded.
<b>Issues/comments</b>	In its simplest form, this indicator requires a check of whether an EP is involved with at least one major initiative (e.g. if the records show an EP is participating in clinical placement planning, then it is included in the count for the numerator). If the required information exists for each of the major initiatives under the plan, and is easily obtained, it may be useful to also track the actual number of initiatives that each EP is involved with.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Proportion of health services involved in one or more initiatives
<b>Indicator ID</b>	2
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Structural
<b>Rationale</b>	As a major stakeholder in the clinical placement system, health services will need to be involved with the majority of initiatives within <i>Well Placed. Well Prepared</i> . This indicator will provide a gross measure of the extent to which health services are actively participating in the development of the clinical placement system.
<b>Data source</b>	CPN datasets; viCPlace; HWA
<b>Data collection method</b>	Data extraction
<b>Numerator</b>	Number of health services involved in at least one of the initiatives conducted under <i>Well Placed. Well Prepared</i>
<b>Denominator</b>	Total number of health services
<b>Disaggregation</b>	Result should be disaggregated by setting type and by CPN
<b>Issues/comments</b>	In its simplest form, this indicator requires a check of whether a health service is involved with at least one major initiative (e.g. if the records show a health service is participating in clinical placement planning, then it is included in the count for the numerator). If the required information exists for each of the major initiatives under <i>Well Placed. Well Prepared</i> , and is easily obtained, it may be useful to also track the actual number of initiatives that each health service is involved with.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Stakeholder perceptions of governance arrangements
<b>Indicator ID</b>	3
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Structural
<b>Rationale</b>	Having appropriate governance arrangements in place is a foundation of the new clinical placement system within Victoria. It will be important that stakeholders perceive these governance arrangements as being appropriate, to obtain and maintain their buy-in for the initiatives under <i>Well Placed. Well Prepared</i> .
<b>Data source</b>	All stakeholders
<b>Data collection method</b>	<i>Well Placed. Well Prepared: Stakeholder Survey</i>
<b>Numerator</b>	The number of stakeholders who indicate they are satisfied (i.e. <i>satisfied</i> or <i>very satisfied</i> on a five-point scale) in response to the question <i>How satisfied are you with the governance arrangements in the new clinical placement system, as provided by Clinical Placements Networks (CPNs)?</i>
<b>Denominator</b>	Number of respondents who provide a response to this question
<b>Disaggregation</b>	Result should be disaggregated by sector (education provider, health service)
<b>Issues/comments</b>	The stakeholder survey could include additional questions that investigate the reasons for the rating provided by respondents.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Stakeholder perceptions of leadership provided by VCTC
<b>Indicator ID</b>	4
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Structural
<b>Rationale</b>	The VCTC's mandate is to provide statewide strategic leadership and advice on clinical placement issues. While VCTC's leadership will be evident through a number of demonstrable projects and initiatives, it should also be reflected in stakeholder perceptions about how well they believe this leadership role is being performed.
<b>Data source</b>	All stakeholders
<b>Data collection method</b>	<i>Well Placed. Well Prepared: Stakeholder Survey</i>
<b>Numerator</b>	The number of stakeholders who indicate they are satisfied (i.e. <i>satisfied</i> or <i>very satisfied</i> on a five-point scale) in response to the question <i>How satisfied are you with the leadership provided by the Victorian Clinical Training Council (VCTC)?</i>
<b>Denominator</b>	Number of respondents who provide a response to this question
<b>Disaggregation</b>	Result should be disaggregated by sector (education provider, health service) and CPN
<b>Issues/comments</b>	The stakeholder survey could include additional questions that investigate the reasons for the rating provided by respondents.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Stakeholder perceptions of CPN committees and processes
<b>Indicator ID</b>	5
<b>Relevant component of strategic plan</b>	Overall strategic plan

<b>Indicator type</b>	Structural
<b>Rationale</b>	The 11 CPNs are responsible for partnership building, local coordination, and supporting research and innovation in clinical placements. As such, they are a key local network for clinical placements that most stakeholders are likely to have direct experience with. Stakeholder confidence that these management structures are operating effectively is central to the sustainability of the CPN system.
<b>Data source</b>	All stakeholders
<b>Data collection method</b>	<i>Well Placed. Well Prepared</i> : Stakeholder Survey
<b>Numerator</b>	The number of stakeholders who indicate they are satisfied (i.e. <i>satisfied</i> or <i>very satisfied</i> on a five-point scale) in response to the question <i>How satisfied are you with the overall operation of the CPN committees and associated processes?</i>
<b>Denominator</b>	Number of respondents who provide a response to this question
<b>Disaggregation</b>	Result should be disaggregated by sector (education provider, health service) and CPN
<b>Issues/comments</b>	To assist in the interpretation of this indicator, qualitative information about the specific committees and/or processes respondents are referring to in their responses could be collected through the inclusion of open text response fields in the survey.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Amount of funding per clinical placement activity unit (student day)
<b>Indicator ID</b>	6
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Structural
<b>Rationale</b>	Funding is a structural input for all the initiatives within <i>Well Placed. Well Prepared</i> . This indicator provides the documentation of the overall funding base and the financial context within which implementation of the new system of clinical placements must operate.
<b>Data source</b>	Department of Health; HWA
<b>Data collection method</b>	Data extraction
<b>Numerator</b>	Total amount of government funding provided
<b>Denominator</b>	Clinical placement activity in student days
<b>Disaggregation</b>	The result could be disaggregated by each major initiative within <i>Well Placed. Well Prepared</i> .
<b>Issues/comments</b>	As proposed, this indicator does not attempt any analysis in respect of funding, but rather provides a mechanism for longitudinal tracking of the amount of government funding provided to support the system. This indicator may be used to provide context for other indicators, or for cost-benefit analyses.  Although the amount of expenditure by health services and education providers on clinical placement-related activities could also be included, this will likely result in an imprecise and inaccurate figure, owing to different interpretations of the figures that should be included in the calculation.
<b>Recommended monitoring timeframe</b>	End of term

<b>Indicator</b>	Clarity about the purpose of the various initiatives
<b>Indicator ID</b>	7
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Structural
<b>Rationale</b>	Stakeholder awareness and understanding of the major problems and challenges being addressed through the development of a new clinical placement system in Victoria is an important starting point for their engagement with <i>Well Placed. Well Prepared</i> and for their buy-in to the solutions being implemented. This indicator provides a gross measure of the level of understanding amongst stakeholders and whether this changes over the course of <i>Well Placed. Well Prepared</i> .
<b>Data source</b>	Stakeholders in health services and education providers
<b>Data collection method</b>	<i>Well Placed. Well Prepared</i> : Stakeholder Survey
<b>Numerator</b>	Number of stakeholders indicating they are <i>aware</i> or <i>very aware</i> of the purpose of each major initiative within <i>Well Placed. Well Prepared</i> .
<b>Denominator</b>	Number of respondents who provide a response to this question
<b>Disaggregation</b>	Result should be disaggregated by sector (education provider, health service) and CPN
<b>Issues/comments</b>	An initial barrier question will identify stakeholders that have an interest in each initiative. Respondents will then be asked to rate their level of awareness of the purpose of each initiative for which they have self-selected, using a five-point Likert scale ( <i>not very aware – unaware – neither unaware or aware – aware – very aware</i> ). It should be noted that this indicator records stakeholder <i>perceptions</i> about their own awareness, rather than <i>testing</i> their actual knowledge of the purpose of each initiative. The indicator could be reframed to test actual awareness, by asking respondents to either indicate the purpose of the initiative from a multiple choice list, or write their understanding of the purpose in an open-text field. However, the testing actual awareness approach is not without issues. For example, if multiple-choice questions were used, respondents are likely to be able to guess the correct purpose, even if they were not really aware of it. If open-text responses were used, each response would then need to be compared to an agreed statement of purpose for each initiative. This form of analysis will involve some subjective assessment of whether the response is correct enough to be counted as “awareness” on the part of the respondent.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Stakeholders were satisfied with the transparency of funding processes
<b>Indicator ID</b>	8
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Structural/process
<b>Rationale</b>	The need for funding to be distributed fairly and to reflect the relative costs and contributions of different stakeholders has been identified as a sub-objective of the overall strategic plan. A key component of this is whether the various funding processes are transparent. Stakeholder perceptions of transparency provide a proxy measure for the overall equity of the funding processes.
<b>Data source</b>	Stakeholders in health services and education providers
<b>Data collection method</b>	<i>Well Placed. Well Prepared</i> : Stakeholder Survey
<b>Numerator</b>	The number of stakeholders who indicate they are satisfied (i.e. <i>satisfied</i> or <i>very satisfied</i> on a five-point scale) in response to the question <i>How</i>

	<i>satisfied are you with the transparency of the funding processes for the initiatives and projects under the clinical placement strategic plan?</i>
<b>Denominator</b>	Number of respondents who provide a response to this question
<b>Disaggregation</b>	Result should be disaggregated by CPN
<b>Issues/comments</b>	The stakeholder survey could include additional questions that investigate the reasons for the rating provided by respondents, or which ask respondents to indicate which funding processes their responses apply to.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Funds appropriately expended
<b>Indicator ID</b>	9
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Process
<b>Rationale</b>	Substantial funding is being provided to different contractors, organisations and stakeholders with the aim of fostering innovation and to achieve desired improvements within the clinical placement system. From a governance perspective, it is important to demonstrate that funded projects have been conducted appropriately, have delivered against their project plans and been completed in the timeframe anticipated.
<b>Data source</b>	Department of Health records; CPN records
<b>Data collection method</b>	Data extraction
<b>Numerator</b>	Number of projects that delivered satisfactorily against project plans and deliverables
<b>Denominator</b>	Total number of funded projects
<b>Disaggregation</b>	Results could be disaggregated by CPN and/or initiative
<b>Issues/comments</b>	A standard definition will need to be applied for what constitutes “delivering satisfactorily” against project plans and deliverables (e.g. if a project achieves 80% of the planned deliverables and is completed within the agreed timeframe).
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Ease of reporting
<b>Indicator ID</b>	10
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Process
<b>Rationale</b>	Recipients of project funding are expected to report on their activities as part of their accountability to the Department, VCTC and other funders. However, it is important for reporting processes to not be so onerous as to detract from the recipient's ability to achieve the objectives for which the funding was provided.
<b>Data source</b>	Department of Health records; CPN records
<b>Data collection method</b>	Report based on end-of-project feedback
<b>Numerator</b>	The number of stakeholders who have received project funding that report no difficulty in meeting the project monitoring and reporting requirements
<b>Denominator</b>	Total number of respondents
<b>Disaggregation</b>	None recommended
<b>Issues/comments</b>	If not already included as part of the evaluation of funded projects, the Department and/or CPNs will need to ensure that feedback is sought from

	project leads regarding any difficulties encountered in reporting on funded projects (such as difficulty in completing report proforma, excessive time requirements to complete reports, insufficient time allowed to submit reports)..
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Assessment of efficiency of programs
<b>Indicator ID</b>	11
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Process
<b>Rationale</b>	Stakeholder perceptions on the extent to which they believe there is wastage and/or duplication of effort between initiatives will provide a measure for whether the implementation of the various initiatives across the clinical placements system was achieved efficiently and with due reference to other relevant aspects of the system
<b>Data source</b>	Stakeholders in health services and education providers
<b>Data collection method</b>	<i>Well Placed. Well Prepared</i> : Stakeholder Survey
<b>Numerator</b>	Number of stakeholders who indicate at least one example of wastage and/or unnecessary duplication between initiatives
<b>Denominator</b>	Number of respondents who provide a response to this question
<b>Disaggregation</b>	Result should be disaggregated by sector (education provider, health service, CPN).
<b>Issues/comments</b>	To assist in the interpretation of this indicator, respondents could be asked to provide specific information about the examples of wastage or unnecessary duplication through the inclusion of open text response fields.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Perceptions of adequacy of communication processes and materials
<b>Indicator ID</b>	12
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Process
<b>Rationale</b>	Communication is a feature of all initiatives within <i>Well Placed. Well Prepared</i> and where evaluations of individual initiatives are being conducted, stakeholders will be able to provide feedback on the adequacy of communication within that initiative. This indicator will focus on communication processes and materials related to the overall strategic plan and the Victorian clinical placement system more broadly, particularly where that communication integrates two or more constituent initiatives within the plan.
<b>Data source</b>	Stakeholders in health services and education providers
<b>Data collection method</b>	<i>Well Placed. Well Prepared</i> : Stakeholder Survey
<b>Numerator</b>	The number of stakeholders who indicate communication was adequate (i.e. <i>adequate</i> or <i>very adequate</i> on a five-point scale) in response to the question <i>How adequate was the communication you have received in relation to Well Placed. Well Prepared. Victoria's strategic plan for clinical placements and its constituent initiatives?</i>
<b>Denominator</b>	Number of respondents who provide a response to this question
<b>Disaggregation</b>	Result should be disaggregated by organisation type.
<b>Issues/comments</b>	This question will need to be repeated within each set of questions for

	particular initiatives. To assist in the interpretation of this indicator, further questions could be included that ask respondents to rate the effectiveness of specific communication processes and materials, or to rate the effectiveness of particular aspects of communication (such as integration between initiatives, or contextualising activities, etc).
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	HWA rating of the alignment between Victoria and national processes
<b>Indicator ID</b>	13
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Process
<b>Rationale</b>	HWA is a major stakeholder and funder of the Victorian clinical placements system. One of HWA's main objectives is to achieve consistency in the national approach to health workforce development. HWA staff are best placed to assess the extent to which Victoria is achieving alignment with the major national processes.
<b>Data source</b>	HWA
<b>Data collection method</b>	Report
<b>Numerator</b>	Rating provided by HWA of the alignment between Victorian clinical placement initiatives and national processes
<b>Denominator</b>	None
<b>Disaggregation</b>	None
<b>Issues/comments</b>	The report from HWA could include feedback in relation to alignment on specific initiatives e.g. the extent to which Victoria is fulfilling its obligations under the IRCTN program as well as whether Victoria is considered to be at the forefront of innovation on clinical placements (another major objective in the overall strategic plan).
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Stakeholder satisfaction with opportunities for networking
<b>Indicator ID</b>	14
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Process
<b>Rationale</b>	Networking amongst stakeholders will facilitate the achievement of a number of <i>Well Placed. Well Prepared's</i> main objectives. Stakeholders have highlighted in a number of forums their desire to network and share ideas and experiences with other stakeholders. While the Department of Health and the CPNs will be conducting specific evaluations of individual networking events, this indicator will provide an assessment of overall stakeholder satisfaction with networking opportunities.
<b>Data source</b>	Stakeholders in health services and education providers
<b>Data collection method</b>	<i>Well Placed. Well Prepared: Stakeholder Survey</i>
<b>Numerator</b>	The number of stakeholders who indicate they are satisfied (i.e. <i>satisfied</i> or <i>very satisfied</i> on a five-point scale) in response to the question <i>How satisfied are you with the opportunities provided for networking on issues related to your involvement with the clinical placements system in Victoria?</i>
<b>Denominator</b>	Number of respondents who provide a response to this question
<b>Disaggregation</b>	Result should be disaggregated for health services versus education

	providers.
<b>Issues/comments</b>	This question could be divided into two questions that focus on networking opportunities organised by the CPNs as distinct from those organised directly by the Department of Health.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Extent of alignment of supply and demand
<b>Indicator ID</b>	15
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Outcome
<b>Rationale</b>	The extent to which supply and demand for clinical placements are aligned provides a measure for the overall efficiency of the clinical placement system.
<b>Data source</b>	viCPlace
<b>Data collection method</b>	Data extraction
<b>Numerator</b>	Number of placement days on demand side, for the reporting period
<b>Denominator</b>	Number of placement days on supply side, for the reporting period
<b>Disaggregation</b>	Result should be disaggregated by discipline.
<b>Issues/comments</b>	<p>The “reporting period” will need to be defined, but is likely to be annual. Therefore, the result reported in the mid-term and end of term evaluations will reflect the most recent annual result.</p> <p>Note that the denominator (number of placement days on supply side) refers to the number of placement days available, rather than the actual placement activity. Thus, if a health service is able to offer, say, 100 placement days for the period, but only ends up placing students for 50 placement days during that period, the figure that would be recorded for that health service for the denominator is 100 placement days.</p> <p>Both the numerator and the denominator will be comprised of the collated figures from all education providers (numerator) and all health services (denominator) involved in the Victorian clinical placement system.</p>
<b>Recommended monitoring timeframe</b>	Mid-term and end of term, based on annual figures

<b>Indicator</b>	Health service staff perceptions of their organisational culture with respect to education
<b>Indicator ID</b>	16
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Outcome
<b>Rationale</b>	An organisational culture that values and is favourably disposed towards clinical education provides the foundation for a health service to deliver well-organised and high quality clinical education. While many health services include reference to <i>education</i> in the organisation’s strategic plan, this does not necessarily guarantee an organisational culture that values education. It is the experiences of stakeholders from within a health service that will provide the best indicator of whether there is a positive culture towards clinical education within the organisation.
<b>Data source</b>	Health service staff
<b>Data collection method</b>	<i>Well Placed. Well Prepared: Stakeholder Survey</i>
<b>Numerator</b>	Number of health service staff reporting their organisational culture with respect to education has <i>improved</i> or <i>greatly improved</i> during the period

	covered by <i>Well Placed. Well Prepared</i>
<b>Denominator</b>	Number of respondents who provide a response to this question
<b>Disaggregation</b>	None
<b>Issues/comments</b>	It will be important not to over-interpret the results for this indicator, since the result will NOT show the number of organisations where the culture has improved, unless this is specifically factored into the analysis.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Net change to system capacity
<b>Indicator ID</b>	17
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Outcome
<b>Rationale</b>	A major outcome from <i>Well Placed. Well Prepared</i> is expected to be development of high quality clinical placement capacity across the health and social care system. This indicator will provide a gross measure of the overall state of the system with respect to capacity and will allow comparisons between reporting periods.
<b>Data source</b>	viCPlace
<b>Data collection method</b>	Data extraction
<b>Numerator</b>	Number of placement days on supply side available in current reporting period
<b>Denominator</b>	Number of placement days on supply side available in previous reporting period(s)
<b>Disaggregation</b>	Disaggregate result by discipline and sector
<b>Issues/comments</b>	The “reporting period” will need to be defined, but is likely to be annual. Therefore, the result reported in the mid-term and end of term evaluations will reflect the most recent annual result.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term, based on annual figures

<b>Indicator</b>	Student satisfaction with clinical placements
<b>Indicator ID</b>	18
<b>Relevant component of strategic plan</b>	Overall strategic plan; BPCLE Framework
<b>Indicator type</b>	Outcome
<b>Rationale</b>	Students are at the centre of the clinical placements system and a major outcome from <i>Well Placed. Well Prepared</i> is expected to be that students feel well supported and perceive benefit from each of their clinical placements.
<b>Data source</b>	Health services and education providers
<b>Data collection method</b>	Report based on student feedback through surveys
<b>Numerator</b>	Number of learners who indicate above average overall satisfaction with their clinical placement
<b>Denominator</b>	Number of respondents who provide a response to this question
<b>Disaggregation</b>	Results may need to be disaggregated by discipline, year level, etc.
<b>Issues/comments</b>	This indicator would be measured by aggregating the results from student surveys conducted by individual health services and education providers. This presents some potential methodological issues, such as different surveying methods used by health services/education providers and whether organisations are prepared to provide their results for this

	purpose. To avoid problems with interpretation, data could be restricted to organisations where the same question format was used (i.e. those health services or education providers that have used the question on learner satisfaction from the <i>Learner survey template</i> provided in the BPCLE Framework Resource Kit).
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Stakeholder awareness of <i>Well Placed. Well Prepared</i>
<b>Indicator ID</b>	19
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Outcome
<b>Rationale</b>	Having skilled, knowledgeable and engaged stakeholders is a prerequisite for achieving a number of the major sub-objectives and <i>meta</i> objectives in <i>Well Placed. Well Prepared</i> . A proxy measure for stakeholder knowledge and engagement is whether they are aware of <i>Well Placed. Well Prepared</i> and the extent to which they are familiar with its content.
<b>Data source</b>	Stakeholders in health services and education providers
<b>Data collection method</b>	<i>Well Placed. Well Prepared</i> : Stakeholder Survey
<b>Numerator</b>	The number of stakeholders who indicate they are <i>familiar</i> (i.e. <i>familiar</i> or <i>very familiar</i> on a five-point scale) in response to the question <i>How familiar are you with the contents of Well Placed. Well Prepared. – Victoria's strategic plan on clinical placements?</i>
<b>Denominator</b>	Number of respondents who provide a response to this question
<b>Disaggregation</b>	Result should be disaggregated by sector (education provider, health service).
<b>Issues/comments</b>	This indicator assumes stakeholders will provide an honest self-assessment of their familiarity with the contents of <i>Well Placed. Well Prepared</i> . It should also be noted that stakeholders may be very aware of particular clinical placement initiatives without necessarily being familiar with the content of <i>Well Placed. Well Prepared</i> .
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Rate of growth of supply of clinical placements matches (or exceeds) the rate of growth of demand for clinical placements
<b>Indicator ID</b>	20
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Outcome
<b>Rationale</b>	The large investment in developing Victoria's clinical placement system is intended to produce a more sustainable and better managed and organised system. In the immediate term, this should see an increase in the supply of clinical placements to meet the existing demand from education providers. Overall, the aim is to achieve a balance between the supply and demand sides of the clinical placements equation, with spare capacity on the supply side to cope with unexpected demands or temporary loss of capacity at particular sites. However, the system is not static and there will most likely be continued growth on the demand side of the equation for a number of years, with increased numbers of students requiring placements. This indicator will provide a quantitative measure of the rate of growth of supply versus the rate of growth of demand for clinical placements and how this is tracking over time.
<b>Data source</b>	viCPlace

<b>Data collection method</b>	Data extraction
<b>Numerator</b>	Number of placement days on the supply side in the current reporting period, expressed as a percentage of the number of placement days on the supply side in the previous reporting period
<b>Denominator</b>	Number of placement days on the demand side in the current reporting period, expressed as a percentage of the number of placement days on the demand side in the previous reporting period
<b>Disaggregation</b>	Result should be disaggregated by discipline.
<b>Issues/comments</b>	<p>If the ratio <math>&gt;1</math>, then the rate of growth of supply exceeds rate of growth of demand; if the ratio <math>&lt;1</math>, then the rate of growth of supply is less than the rate of growth of demand.</p> <p>Note that the numerator (number of placement days on supply side) refers to the number of placement days available, rather than the actual placement activity. Thus, if a health service is able to offer, say, 100 placement days for the period, but only ends up placing students for 50 placement days during that period, the figure that would be recorded for that health service for the numerator is 100 placement days.</p> <p>Both the numerator and the denominator will be comprised of the collated figures from all education providers (denominator) and all health services (numerator) involved in the Victorian clinical placement system.</p>
<b>Recommended monitoring timeframe</b>	Mid-term and end of term, based on annual figures

<b>Indicator</b>	Proportion of health services involved in clinical placements
<b>Indicator ID</b>	21
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Outcome
<b>Rationale</b>	One aspect of ensuring there is sufficient capacity within the clinical placement system involves increasing the number of health services providing clinical placements, both amongst <i>traditional</i> providers and in expanded settings. This indicator will provide a gross measure of whether the number of health services providing clinical placements is increasing.
<b>Data source</b>	CPN datasets; viCPlace; HWA
<b>Data collection method</b>	Data extraction
<b>Numerator</b>	Number of health services providing at least one clinical placement day per year
<b>Denominator</b>	Total number of health services listed in the database
<b>Disaggregation</b>	Result should be disaggregated by setting type and CPN.
<b>Issues/comments</b>	<p>The result reported in the mid-term and end of term evaluations will reflect the most recent annual result.</p> <p>Note that this indicator encompasses the information for expanded settings, which is reported against Indicator #56.</p>
<b>Recommended monitoring timeframe</b>	Mid-term and end of term, based on annual figures

<b>Indicator</b>	Stakeholder satisfaction with relationships
<b>Indicator ID</b>	22
<b>Relevant component of strategic plan</b>	Overall strategic plan; BPCLE Framework
<b>Indicator type</b>	Outcome
<b>Rationale</b>	Strong, enduring partnerships between health services and education providers, which meet the needs of both groups of stakeholders, are the

	cornerstone of a sustainable clinical placement system. Stakeholders from within health services and education providers are best placed to assess whether these partnerships are working well.
<b>Data source</b>	Stakeholders in health services and education providers
<b>Data collection method</b>	<i>Well Placed. Well Prepared</i> : Stakeholder Survey OR Report from health services based on BPCLE Indicators #39 and #40
<b>Numerator</b>	1. The number of health service staff who indicate they are satisfied (i.e. <i>satisfied</i> or <i>very satisfied</i> on a five-point scale) in response to the question <i>How satisfied are you with the overall relationship between your health service and your education provider partners?</i> 2. The number of education provider staff who indicate they are satisfied (i.e. <i>satisfied</i> or <i>very satisfied</i> on a five-point scale) in response to the question <i>How satisfied are you with the overall relationship between your organisation and your health service partners?</i>
<b>Denominator</b>	Number of respondents who provide a response to each question
<b>Disaggregation</b>	Result should be disaggregated by health service versus education provider.
<b>Issues/comments</b>	Health services that are collecting data to report against BPCLE Indicators #39 and #40 will be able to report on their results. However, since some health services will not be monitoring these indicators, it may be more prudent to include questions equivalent to the respective BPCLE indicators in the stakeholder survey being developed for this evaluation framework. Using this data collection approach, it will be necessary to include barrier questions that identify respondents with first-hand experience of relationships with their respective partner organisations, who then go on to rate their satisfaction with those relationships. Since individual organisations may have large numbers of relationships, it will not be possible to rate individual relationships. Therefore, the questions will need to be framed in terms of the proportion of relationships the respondent rates highly, average or poorly.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Level of stakeholder satisfaction with each IMS in relation to data integrity, relevance and reliability
<b>Indicator ID</b>	23
<b>Relevant component of strategic plan</b>	Overall strategic plan; CPN initiative; Data and information
<b>Indicator type</b>	Outcome
<b>Rationale</b>	The strategic plan recognises that data and information is a key enabler within the system. The development of three main information management systems (IMS) – namely viCPlace, viCProfile and viCPortal – should facilitate the effective use of data and information by clinical placement stakeholders. This indicator will provide an end-user perspective on whether these IMSs are satisfactory for three key characteristics.
<b>Data source</b>	Stakeholders in health services and education providers
<b>Data collection method</b>	<i>Well Placed. Well Prepared</i> : Stakeholder Survey
<b>Numerator</b>	Number of stakeholders reporting above average satisfaction (i.e. <i>satisfied</i> or <i>very satisfied</i> on a five point scale) with each IMS (viCProfile, viCPlace and viCPortal) in relation to data integrity, relevance and reliability.
<b>Denominator</b>	Number of respondents who provide a response to the question
<b>Disaggregation</b>	Result may be disaggregated by health service versus education provider
<b>Issues/comments</b>	Barrier question should identify stakeholders that have utilised each IMS.

	The construction of the questions in the Stakeholder Survey will enable respondents to provide feedback separately in respect of data integrity, relevance and reliability for each IMS.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Proportion of student placement time in various settings compared to proportion of workforce in each setting
<b>Indicator ID</b>	24
<b>Relevant component of strategic plan</b>	Overall strategic plan; expanded settings
<b>Indicator type</b>	Outcome
<b>Rationale</b>	From both a state and national perspective, it is important that delivery of clinical education and training is aligned to workforce need. This indicator will provide a proxy measure for the alignment by revealing whether the quantity of clinical training days per discipline is proportional to the size of that discipline's workforce within the healthcare setting. This indicator will also serve to measure the extent to which there is change in the range of health and social care services that take clinical placements.
<b>Data source</b>	viCPlace; HWA; Dept. of Health
<b>Data collection method</b>	Data extraction
<b>Numerator</b>	Proportion of student placement days (by discipline) in each health service setting category
<b>Denominator</b>	Proportion of workforce (by discipline) in each health service setting category
<b>Disaggregation</b>	Disaggregate results by discipline.
<b>Issues/comments</b>	This indicator requires comparison of data from a variety of sources. A subset of the result for this indicator can be used as a specific indicator for the expanded settings initiative.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Proportion of health services that maintain or improve their self-assessment scores against the BPCLE Framework over consecutive reporting periods
<b>Indicator ID</b>	25
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Outcome
<b>Rationale</b>	Improvement in the quality of clinical placements will be driven by the roll out of the BPCLE Framework across Victoria from mid-2013 onwards. A key feature of health service implementation of the BPCLE Framework involves completing an organisational self-assessment against each of the six elements of the framework. The change in ratings within the self-assessment over consecutive reporting periods will provide a good proxy measure for whether overall improvement in the quality of clinical learning environments is being achieved.
<b>Data source</b>	Department of Health (BPCLE online tool)
<b>Data collection method</b>	Report
<b>Numerator</b>	Number of health services that maintain or improve at least some of their self-assessment scores (average score per element) against the BPCLE Framework over consecutive reporting periods
<b>Denominator</b>	Number of health services that have completed self-assessment in

	consecutive reporting periods
<b>Disaggregation</b>	Result should be disaggregated by size and type of health service and by CPN
<b>Issues/comments</b>	The BPCLE online tool (due for release in 2013) will record health service self-assessments against the BPCLE Framework. The Department will be able to access de-identified data through reports generated by the tool, showing longitudinal comparisons of self-assessment results. Since the BPCLE Framework is due for statewide roll out in mid-2013, this indicator will not be measurable until the end of term evaluation.
<b>Recommended monitoring timeframe</b>	End of term

<b>Indicator</b>	Overall improvement in the Victorian clinical placement system
<b>Indicator ID</b>	26
<b>Relevant component of strategic plan</b>	Overall strategic plan
<b>Indicator type</b>	Outcome
<b>Rationale</b>	The ultimate measure of whether <i>Well Placed. Well Prepared</i> has been successful is whether the initiatives carried out under the plan have resulted in improvements to the clinical placement system. There is no objective measurement of such overall improvement; however, the satisfaction of stakeholders with the system is a reasonable proxy measure of whether the system is operating optimally from an end-user perspective.
<b>Data source</b>	Stakeholders in health services and education providers
<b>Data collection method</b>	<i>Well Placed. Well Prepared</i> : Stakeholder Survey
<b>Numerator</b>	The number of respondents who indicate the clinical placement system has improved "somewhat" or "considerably" in response to the question <i>How would you rate the Victorian clinical placement system compared to four years ago?</i> A five-point rating scale should be used: <i>The system has improved considerably – The system has improved somewhat – The system has not changed – The system has become somewhat worse – The system has become considerably worse.</i>
<b>Denominator</b>	Number of respondents who provide a response to the question
<b>Disaggregation</b>	Result should be disaggregated by stakeholder category and CPN
<b>Issues/comments</b>	This question has not been recommended for inclusion in student surveys, since the majority of students will not be in a position to judge changes to the system over the period in question (i.e. the four years covered by <i>Well Placed. Well Prepared</i> ). This question is not recommended for inclusion in the mid-term evaluation.
<b>Recommended monitoring timeframe</b>	End of term

<b>Indicator</b>	Stakeholder satisfaction with planning process
<b>Indicator ID</b>	30
<b>Relevant component of strategic plan</b>	Clinical placement planning
<b>Indicator type</b>	Process
<b>Rationale</b>	The extent to which stakeholders are satisfied with planning processes should be a predictor of whether overall clinical placement planning is perceived as working effectively.
<b>Data source</b>	Stakeholders in health services and education providers
<b>Data collection method</b>	Survey

<b>Numerator</b>	The number of stakeholders who indicate they are satisfied (i.e. <i>satisfied</i> or <i>very satisfied</i> on a five-point scale) in response to the question <i>How satisfied are you with the planning processes for clinical placements you participated in?</i>
<b>Denominator</b>	Number of respondents who provide a response to the question
<b>Disaggregation</b>	Result should be disaggregated by respondent category
<b>Issues/comments</b>	Barrier question should identify stakeholders that have participated in the planning process within one or more CPNs. The survey will need to provide an opportunity for stakeholders who participate in the planning process in more than one CPN to rate each CPN's planning process separately. An additional question could be included that investigates the reasons for the rating(s) provided by respondents.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Rate of perceived adherence to planning process framework principles
<b>Indicator ID</b>	31
<b>Relevant component of strategic plan</b>	Clinical placement planning
<b>Indicator type</b>	Outcome
<b>Rationale</b>	The Clinical Placement Planning Framework identified eight principles to guide the new clinical placement planning process. The extent to which these principles are followed will in large part determine whether the process works well and is perceived as working well by stakeholders.
<b>Data source</b>	Stakeholders in health services and education providers
<b>Data collection method</b>	Survey
<b>Numerator</b>	Number of stakeholders indicating <i>well</i> or <i>very well</i> as a rating for the adherence to each principle in the clinical placement planning process
<b>Denominator</b>	Number of respondents who provide a response to the question
<b>Disaggregation</b>	Result should be disaggregated by respondent category
<b>Issues/comments</b>	Respondents will be asked to rate how well each principle was adhered to in the clinical placement planning process on a five-point Likert scale ( <i>very poorly – poorly – neither poorly nor well – well – very well</i> )
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Proportion of organisations that have migrated primarily to viCPlace
<b>Indicator ID</b>	35
<b>Relevant component of strategic plan</b>	viCPlace
<b>Indicator type</b>	Outcome
<b>Rationale</b>	Ensuring the Victorian clinical placement system is coordinated and efficient will ultimately require all stakeholders to exclusively use the one IMS. However, anecdotal reports suggest that some organisations are maintaining more than one IMS for managing their clinical placement data. If stakeholders have not migrated primarily to the new system, this may reflect lack of confidence in the new system, or that the system is not meeting stakeholder needs.
<b>Data source</b>	Health services and education provider organisations
<b>Data collection method</b>	Report
<b>Numerator</b>	Number of organisations using viCPlace as their primary clinical placement data management system

<b>Denominator</b>	Total number of organisations involved in clinical placements
<b>Disaggregation</b>	Result should be disaggregated by discipline and organisation type
<b>Issues/comments</b>	There may be legitimate reasons why organisations do not use viCPlace as their primary clinical placement data management system. The report proforma could include additional questions that investigate the reasons why stakeholders are not primarily using viCPlace.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Stakeholder satisfaction with viCPlace
<b>Indicator ID</b>	37
<b>Relevant component of strategic plan</b>	viCPlace
<b>Indicator type</b>	Outcome
<b>Rationale</b>	A key feature of any IMS is the ability to record and manage information that will meet the needs of the end-users.
<b>Data source</b>	Stakeholders in health services and education providers
<b>Data collection method</b>	<i>Well Placed. Well Prepared</i> : Stakeholder Survey
<b>Numerator</b>	The number of stakeholders who indicate they are satisfied (i.e. <i>satisfied</i> or <i>very satisfied</i> on a five-point scale) in response to the question <i>How satisfied are you that viCPlace is meeting your needs with regard to recording and managing information?</i>
<b>Denominator</b>	Number of respondents who provide a response to this question
<b>Disaggregation</b>	Result should be disaggregated by sector (health service, education provider), discipline and organisation type
<b>Issues/comments</b>	Barrier question should identify stakeholders that have used viCPlace. The survey could include an additional question that investigates the reasons for the rating provided by respondents.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Proportion of organisations that include student supervision KPIs in position descriptions
<b>Indicator ID</b>	38
<b>Relevant component of strategic plan</b>	Supervision Support
<b>Indicator type</b>	Structural
<b>Rationale</b>	Key performance indicators (KPIs) included in staff position descriptions ensure that staff and senior management within health services are clear about what is to be achieved or delivered by individuals. Moreover, when an activity is explicitly articulated as part of an individual's duties, there is a requirement on the part of management to provide adequate time and resources for the staff member to undertake the activity to an appropriate standard. Thus, the inclusion of student supervision KPIs in relevant position descriptions demonstrates senior management support for developing the supervision skills of relevant staff within the health service.
<b>Data source</b>	Health services
<b>Data collection method</b>	Report
<b>Numerator</b>	Number of health services (that provide clinical placements) that indicate they include KPIs for student supervision in position descriptions of relevant staff
<b>Denominator</b>	Total number of health services that provide clinical placements

<b>Disaggregation</b>	Disaggregate by health service type (acute, mental health, aged care etc.)
<b>Issues/comments</b>	
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Net change in the number of trained supervisors
<b>Indicator ID</b>	46
<b>Relevant component of strategic plan</b>	Supervision support
<b>Indicator type</b>	Outcome
<b>Rationale</b>	A number of strategies within the supervision support initiative aim to develop the capacity and capability of clinical supervisors, with the major outcome being an increased number of clinical supervisors across all health settings in Victoria. This indicator will attempt to quantify the number of trained supervisors within the system, so that increases (or decreases) can be measured over time.
<b>Data source</b>	Health services
<b>Data collection method</b>	Report
<b>Numerator</b>	Number of trained supervisors at the end of the reporting period
<b>Denominator</b>	Number of trained supervisors at the beginning of the reporting period (or at baseline)
<b>Disaggregation</b>	Result should be disaggregated by health service type and by discipline
<b>Issues/comments</b>	The definition of a “trained” supervisor will need to be provided to health services, so they can report consistently against this indicator and so that results can be collated between organisations. The reporting period could be on an annual basis or alternatively the period could be linked to the mid-term and end of term evaluations.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Retention of supervisors
<b>Indicator ID</b>	48
<b>Relevant component of strategic plan</b>	Supervision support
<b>Indicator type</b>	Outcome
<b>Rationale</b>	The major sub-objective for the supervision support initiative is to have a sustainable workforce of clinical supervisors. For this to be achieved, clinical supervisors at all levels of experience must continue to supervise students. Moreover, if experienced supervisors are declining to supervise students (perhaps due to burnout or excessive workload), this reflects an inherently unsustainable system that must be addressed.
<b>Data source</b>	Health services
<b>Data collection method</b>	Report
<b>Numerator</b>	Number of clinical staff with clinical supervision expertise/experience that are no longer actively supervising students
<b>Denominator</b>	Number of clinical staff with clinical supervision expertise/experience
<b>Disaggregation</b>	Disaggregate by health service type
<b>Issues/comments</b>	There are a number of factors that could confound interpretation of the result and these may not be related to any particular feature of the supervision support initiative (e.g. supervisors moving to different roles within the health service or a reduction in the number of clinical placements provided by the health service)

<b>Recommended monitoring timeframe</b>	Mid-term and end of term
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<b>Indicator</b>	Proportion of placements undertaken in expanded settings prior to start of initiative
<b>Indicator ID</b>	50
<b>Relevant component of strategic plan</b>	Expanded settings
<b>Indicator type</b>	Structural
<b>Rationale</b>	A major goal of the expanded settings initiative is for clinical placement activity to be distributed and supported across all health settings. For this to be achieved, there must be a demonstrable change in the distribution of clinical placements compared to the baseline distribution before the initiative commenced in 2011. This indicator provides that baseline measurement.
<b>Data source</b>	viCPlace; DoH dataset
<b>Data collection method</b>	Data extraction
<b>Numerator</b>	Number of clinical placements undertaken in expanded settings in 2011
<b>Denominator</b>	Total number of clinical placements undertaken in 2011
<b>Disaggregation</b>	Result should be disaggregated by expanded setting category and by CPN.
<b>Issues/comments</b>	Subsequent measures of changes in the proportion of clinical placement in expanded settings could be compared to the result for this indicator.
<b>Recommended monitoring timeframe</b>	Mid-term

<b>Indicator</b>	Proportion of expanded setting sites involved in clinical placements
<b>Indicator ID</b>	52
<b>Relevant component of strategic plan</b>	Expanded settings; CPN initiative
<b>Indicator type</b>	Outcome
<b>Rationale</b>	The expanded settings initiative encompasses a number of strategies aimed at identifying, engaging and developing expanded settings for clinical placements. The intent is to produce high quality clinical learning environments across the health and social care sector. A measure of the success of this initiative is whether there is an increase in the proportion of expanded settings with the potential to take clinical placements that actually do provide clinical placements.
<b>Data source</b>	viCPlace; DoH; HWA
<b>Data collection method</b>	Data extraction
<b>Numerator</b>	Number of expanded setting health services providing at least one clinical placement day per year
<b>Denominator</b>	Total number of expanded setting health services listed in the database
<b>Disaggregation</b>	Result should be disaggregated by setting type and by CPN
<b>Issues/comments</b>	A consistent definition about what constitutes an “expanded setting” will need to be provided to ensure the correct data is collected and used for calculation of this indicator. Note that this indicator is a subset of Indicator #22. The result reported in the mid-term and end of term evaluations will reflect the most recent annual result.
<b>Recommended monitoring timeframe</b>	Baseline, mid-term and end of term, based on annual figures

<b>Indicator</b>	Level of participation/interest in clinical placements within regional and rural health services
<b>Indicator ID</b>	53
<b>Relevant component of strategic plan</b>	Rural initiatives
<b>Indicator type</b>	Structural
<b>Rationale</b>	A major objective of the rural initiatives component of <i>Well Placed. Well Prepared</i> is to enhance capacity for clinical placements in rural settings. There are many reasons why rural health services may not currently be delivering clinical placements. However, if a major issue is the lack of an appropriate organisational culture with respect to education, then the approach to engaging such a health service will necessarily be very different to the approach required to engage a health service with an existing positive culture with respect to education. Rural health services that are currently participating, or have expressed interest in participating, are more likely to be organisations with a positive educational culture and therefore this indicator provides a proxy measure for organisational education culture in rural health services.
<b>Data source</b>	viCPlace and regional CPNs
<b>Data collection method</b>	Report
<b>Numerator</b>	Number of regional/rural health services that are currently participating, or have expressed interest in participating, in clinical placements
<b>Denominator</b>	Total number of regional/rural health services
<b>Disaggregation</b>	Result should be disaggregated by CPN.
<b>Issues/comments</b>	Data on regional and rural health services that have shown interest in clinical placements, but are not currently providing any placements, will need to be obtained from each of the regional CPNs. Although this is a structural indicator, the inclusion of this indicator in the end of term evaluation will also provide outcome information about the success (or otherwise) in increasing the engagement and participation of rural health services in clinical placement delivery. Note that this indicator is largely a subset of Indicator #21, although it also collects information about the level of interest, not only the level of actual participation.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Proportion of staff with supervision training (by level)
<b>Indicator ID</b>	54
<b>Relevant component of strategic plan</b>	Rural initiatives
<b>Indicator type</b>	Structural/process
<b>Rationale</b>	Although it is important for all health services to ensure their clinical staff have appropriate supervision skills and experience, this has been highlighted as a particular priority if regional and rural health services are to increase their capacity for taking clinical placements. This indicator is intended as a measure of whether training programs targeted to rural clinical supervisors have had the desired impact.
<b>Data source</b>	Rural/regional health services
<b>Data collection method</b>	BPCLE indicator report to DoH OR report
<b>Numerator</b>	Number of staff currently involved in clinical education that have educational training, experience or qualifications
<b>Denominator</b>	Number of staff currently involved in clinical education activities
<b>Disaggregation</b>	Result should be disaggregated by health service type

<b>Issues/comments</b>	<p>This indicator makes use of data that is a subset of BPCLE indicator #27, which is one of the externally reportable indicators. So the data could be extracted from reports provided by health services to the Department. Note that most health services will not be ready to report on their BPCLE indicators in time for the mid-term evaluation, although a comparative result could be obtained during the end of term evaluation, by comparing reports against BPCLE indicator #27 for two time points in the period early 2014 to late 2015.</p> <p>Alternatively, the data could be collected through survey responses, although this will not provide a very accurate picture, as it will only reflect the survey response rate.</p> <p>This indicator is similar to indicator#46 but is distinct because it focuses only on staff who are actively involved in clinical education. Indicator #46 measures the total number of staff with training in supervision, not all of whom may be delivering clinical education.</p>
<b>Recommended monitoring timeframe</b>	End of term (if using BPCLE indicator report to DoH); mid-term and end of term if using a survey to capture data

<b>Indicator</b>	Student issues with respect to accommodation
<b>Indicator ID</b>	57
<b>Relevant component of strategic plan</b>	Rural initiatives
<b>Indicator type</b>	Process
<b>Rationale</b>	Lack of availability of appropriate accommodation for students is an important barrier to students undertaking placements in rural and regional settings.
<b>Data source</b>	Health services and education providers
<b>Data collection method</b>	Report (based on the results from surveys conducted with students by health services and education providers)
<b>Numerator</b>	Number of respondents that report experiencing at least some difficulty with respect to accommodation for their clinical placement in a rural health service
<b>Denominator</b>	Number of respondents who provide a response to this question
<b>Disaggregation</b>	Result should be disaggregated by discipline, by nature of problem/issue and by postcode or CPN
<b>Issues/comments</b>	The survey question should be framed to obtain responses from students who did not undertake rural clinical placements because of accommodation issues, as well as from students that experienced accommodation issues while on a rural placement.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Proportion of student placement time in rural settings compared to proportion of workforce in rural areas
<b>Indicator ID</b>	61
<b>Relevant component of strategic plan</b>	Rural initiatives
<b>Indicator type</b>	Outcome
<b>Rationale</b>	As with Indicator #25, it is important that delivery of clinical education and training is aligned to workforce need. This indicator will provide a proxy measure for the alignment by revealing whether the quantity of clinical training days per discipline in rural and regional settings is proportional to the size of that discipline's workforce within those settings.
<b>Data source</b>	viCPlace; HWA

<b>Data collection method</b>	Data extraction
<b>Numerator</b>	Proportion of student placement days (by discipline) in rural and regional health services
<b>Denominator</b>	Proportion of workforce (by discipline) in rural and regional health services
<b>Disaggregation</b>	Result should be disaggregated by discipline. If information about the type of health service setting is available, further disaggregation by setting type could also be included.
<b>Issues/comments</b>	This indicator is similar to, and may be a sub-set of, Indicator #25.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Stakeholder perception of the knowledge and skills of CPN staff to support BPCLE roll-out
<b>Indicator ID</b>	64
<b>Relevant component of strategic plan</b>	CPN initiative; BPCLE Framework
<b>Indicator type</b>	Process
<b>Rationale</b>	CPNs will be expected to support the statewide roll out of the BPCLE Framework. To be effective in this capacity, CPN staff will require sufficient competence and knowledge with respect to the BPCLE Framework, so they can assist other stakeholders in undertaking their organisational self-assessments, developing action plans and selecting indicators.
<b>Data source</b>	Stakeholders in health services and education providers; CPN staff
<b>Data collection method</b>	<i>Well Placed. Well Prepared</i> : Stakeholder Survey
<b>Numerator</b>	Number of stakeholders that rate CPN staff competence and knowledge level above average (i.e. <i>good</i> or <i>very good</i> on a five-point Likert scale) with respect to the BPCLE Framework
<b>Denominator</b>	Number of respondents who provide a response to this question (evaluation forms and/or surveys)
<b>Disaggregation</b>	Result should be disaggregated by stakeholder category
<b>Issues/comments</b>	Note that health services will only commence implementation of the BPCLE Framework in the second half of 2013 and therefore this indicator may not be appropriate for inclusion in the mid-term evaluation.
<b>Recommended monitoring timeframe</b>	End of term

<b>Indicator</b>	Level of satisfaction with events
<b>Indicator ID</b>	66
<b>Relevant component of strategic plan</b>	CPN initiative
<b>Indicator type</b>	Process
<b>Rationale</b>	A major component of CPN work plans is to organise and conduct events for stakeholders within the CPN. The ultimate objective of this work is to have stakeholders engaged with Victoria's clinical placement system. This indicator provides a proxy measure for whether stakeholders are likely to remain engaged with the system (i.e. if stakeholders are satisfied with events, the more likely they are to continue to participate in other CPN activities etc.)
<b>Data source</b>	CPNs
<b>Data collection method</b>	Post-event evaluation forms
<b>Numerator</b>	Number of stakeholders reporting above average satisfaction with CPN events, for the reporting period

<b>Denominator</b>	Total number of respondents
<b>Disaggregation</b>	Result should be disaggregated by stakeholder category
<b>Issues/comments</b>	CPN events are all evaluated using a common methodology so they can be aggregated and compared readily.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Stakeholder satisfaction with BPCLE Framework implementation tools
<b>Indicator ID</b>	72
<b>Relevant component of strategic plan</b>	BPCLE Framework
<b>Indicator type</b>	Process
<b>Rationale</b>	A range of tools are being developed to assist health services with the implementation of the BPCLE Framework. The extent to which stakeholders are satisfied with these tools will provide a proxy measure for whether the tools are actually enabling the overall implementation of the framework.
<b>Data source</b>	Stakeholders in health services
<b>Data collection method</b>	<i>Well Placed. Well Prepared</i> : Stakeholder Survey
<b>Numerator</b>	The number of stakeholders who indicate they are satisfied (i.e. <i>satisfied</i> or <i>very satisfied</i> on a five-point scale) in response to the question <i>Overall, how satisfied were you with the implementation tools provided by the Department of Health to support the implementation of the BPCLE Framework?</i>
<b>Denominator</b>	Total number of respondents
<b>Disaggregation</b>	Result should be disaggregated by health service type and CPN
<b>Issues/comments</b>	The stakeholder survey could include additional questions that investigate the reasons for the rating provided by respondents (i.e. if <i>dissatisfied</i> or <i>very dissatisfied</i> , what particular features of the tools were they dissatisfied with).
<b>Recommended monitoring timeframe</b>	End of term

<b>Indicator</b>	Proportion of BPCLE self-assessments completed
<b>Indicator ID</b>	76
<b>Relevant component of strategic plan</b>	BPCLE Framework
<b>Indicator type</b>	Process
<b>Rationale</b>	The completion of the self-assessment is the first major milestone for health services implementing the BPCLE Framework. This indicator measures whether health services are embarked on their quality improvement journey.
<b>Data source</b>	Department of Health (BPCLE online tool)
<b>Data collection method</b>	Report
<b>Numerator</b>	Number of health services that have completed their initial BPCLE self-assessment process using the online tool
<b>Denominator</b>	Total number of health services required to undertake an assessment against the BPCLE Framework
<b>Disaggregation</b>	Result should be disaggregated by health service type and CPN
<b>Issues/comments</b>	Note that health services will only commence implementation of the BPCLE Framework in the second half of 2013 and therefore this indicator may not be appropriate for inclusion in the mid-term evaluation.

<b>Recommended monitoring timeframe</b>	End of term
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<b>Indicator</b>	Proportion of Victorian health services that have incorporated the BPCLE Framework within their broader quality plan
<b>Indicator ID</b>	77
<b>Relevant component of strategic plan</b>	BPCLE Framework
<b>Indicator type</b>	Outcome
<b>Rationale</b>	The objective of the BPCLE Framework initiative is for the framework to be embedded within organisations as the basis for designing, delivering and monitoring the quality of clinical placements. However, there is some danger that organisations will proceed with an initial application of the framework, but will not continue to apply its principles. If the framework is incorporated into the broader quality plan of organisations, the higher level of accountability should serve to maintain the momentum with respect to improving quality of the clinical education provided by the organisation.
<b>Data source</b>	Health services
<b>Data collection method</b>	Report
<b>Numerator</b>	Number of Victorian health services (that provide clinical placements) that attest to incorporating the BPCLE Framework within their broader quality improvement plan
<b>Denominator</b>	Total number of Victorian health services that provide clinical placements
<b>Disaggregation</b>	Result should be disaggregated by health service type
<b>Issues/comments</b>	Note that health services will only commence implementation of the BPCLE Framework in the second half of 2013 and therefore this indicator may not be appropriate for inclusion in the mid-term evaluation.
<b>Recommended monitoring timeframe</b>	End of term

<b>Indicator</b>	Stakeholder satisfaction with the statewide networking mechanism for coordinating SBET resources
<b>Indicator ID</b>	79
<b>Relevant component of strategic plan</b>	SLEs
<b>Indicator type</b>	Structural
<b>Rationale</b>	A major objective within the SBET initiative is for Victoria to have a stakeholder-led simulation community of practice that is sustainable, coordinated and efficient. To achieve this, a statewide networking mechanism for coordinating various aspects of Victorian SBET resources will need to be developed, and it will be important for stakeholders to be engaged with this mechanism. This indicator will provide a measure for whether the networking mechanism is meeting the needs of stakeholders.
<b>Data source</b>	Stakeholders in SBET
<b>Data collection method</b>	<i>Well Placed. Well Prepared</i> : Stakeholder Survey
<b>Numerator</b>	The number of SBET stakeholders who indicate they are satisfied (i.e. <i>satisfied</i> or <i>very satisfied</i> on a five-point scale) in response to the question <i>How satisfied are you with the statewide mechanism for coordinating SBET resources in Victoria?</i>
<b>Denominator</b>	Number of respondents who provide a response to the question
<b>Disaggregation</b>	Result should be disaggregated by stakeholder category
<b>Issues/comments</b>	A barrier question should identify stakeholders that have an interest in

	SBET. The stakeholder survey could include additional questions that investigate the reasons for the rating provided by respondents.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Proportion of SLEs that have been assessed against at least one quality framework and have developed a quality improvement action plan
<b>Indicator ID</b>	82
<b>Relevant component of strategic plan</b>	SLEs
<b>Indicator type</b>	Process
<b>Rationale</b>	An ultimate outcome of the SLE initiative is for the SBET system in Victoria to deliver uniformly high quality education for learners. To achieve this, SLEs will need to demonstrate they have a structured approach to quality improvement. This indicator will quantify the extent to which SLEs have embarked on the quality improvement journey.
<b>Data source</b>	SLE managers
<b>Data collection method</b>	Report
<b>Numerator</b>	Number of SLEs that have been assessed against at least one quality framework and have developed a quality improvement action plan
<b>Denominator</b>	Total number of SLEs
<b>Disaggregation</b>	None
<b>Issues/comments</b>	Note that the BPCLE Framework – the major quality framework against which SLEs might be assessed – will be rolled out for implementation in the second half of 2013 and therefore this indicator may not be appropriate for inclusion in the mid-term evaluation.
<b>Recommended monitoring timeframe</b>	End of term

<b>Indicator</b>	Adequacy of data definitions
<b>Indicator ID</b>	84
<b>Relevant component of strategic plan</b>	Data and information
<b>Indicator type</b>	Structural
<b>Rationale</b>	The design and development of each new IMS involves refining the data definitions for each system. The extent to which stakeholders consider these refined data definitions to be adequate (i.e. whether they are sufficiently clear to enable stakeholders to provide the data that is required) will determine, in part, whether the data within each system is consistent and reliable.
<b>Data source</b>	Stakeholders in health services and education providers
<b>Data collection method</b>	<i>Well Placed. Well Prepared</i> : Stakeholder Survey
<b>Numerator</b>	The number of stakeholders who indicate data definitions are <i>adequate</i> (on a three-point scale) in response to the question <i>How adequate are the data definitions within &lt;insert name of IMS&gt;?</i>
<b>Denominator</b>	Number of respondents who provide a response to the question
<b>Disaggregation</b>	Result should be disaggregated by stakeholder category
<b>Issues/comments</b>	Barrier question should identify stakeholders that have utilised each IMS; separate questions should be asked in respect of each IMS.
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	Awareness of the purpose of each IMS
<b>Indicator ID</b>	85
<b>Relevant component of strategic plan</b>	Data and information
<b>Indicator type</b>	Process
<b>Rationale</b>	One measure for whether communication strategies that support the roll out of each IMS have been successful is whether stakeholders believe they have an understanding of the purpose of each IMS.
<b>Data source</b>	Stakeholders in health services and education providers
<b>Data collection method</b>	<i>Well Placed. Well Prepared: Stakeholder Survey</i>
<b>Numerator</b>	The number of respondents who correctly identify the purpose of each IMS from a multiple choice selection
<b>Denominator</b>	Number of respondents who provide a response to the question
<b>Disaggregation</b>	Result should be disaggregated by stakeholder category
<b>Issues/comments</b>	Separate questions should be asked in respect of each IMS (viCPlace, viCPortal and viCProfile).
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

<b>Indicator</b>	The data and information needs of stakeholders are being met
<b>Indicator ID</b>	88
<b>Relevant component of strategic plan</b>	Data and information
<b>Indicator type</b>	Outcome
<b>Rationale</b>	The three IMS have been developed, in part, to meet the perceived data and information needs of stakeholders in the clinical placement system. This indicator provides a measure of whether the implementation of each IMS is actually delivering the data and information that is of practical use to stakeholders.
<b>Data source</b>	Stakeholders in health services and education providers
<b>Data collection method</b>	<i>Well Placed. Well Prepared: Stakeholder Survey</i>
<b>Numerator</b>	The numbers of stakeholders who indicate a positive response (i.e. <i>completely</i> or <i>mostly</i> on a five-point scale) in response to the question <i>Thinking about your use of the &lt;insert name of IMS&gt;, to what extent has the data and information you have sought been accessible?</i>
<b>Denominator</b>	Total number of respondents
<b>Disaggregation</b>	Result should be disaggregated by stakeholder category
<b>Issues/comments</b>	Barrier question should identify stakeholders that have utilised each IMS; separate questions should be asked in respect of each IMS. The stakeholder survey could include additional questions that investigate the reasons for the rating provided by respondents (i.e. what particular data and information needs are not being met by the IMS).
<b>Recommended monitoring timeframe</b>	Mid-term and end of term

## 6 Discussion and next steps

### 6.1 Outcomes of stakeholder input

As noted in Section 4 the stakeholder input that informed the development of the program logic maps, the list of indicators and the evaluation framework is reflected in those outputs and does not warrant further discussion. However, there were several interesting issues that arose during in course of the project that are worth discussing, because they may impact on the implementation of both the evaluation framework and *Well Placed. Well Prepared* as a whole.

First, through the process of developing the program logic maps, stakeholders sometimes identified the need for additional activities and strategies that were not existing features of the relevant strategic plan initiatives. For example, in the SLE workshop it emerged that a “statewide networking mechanism to coordinate various aspects of resources for SBET” is required to achieve the overall objectives of Victoria having a stakeholder-led simulation community of practice that is sustainable, coordinated and efficient and to increase awareness and understanding of simulation as a teaching and learning method. It was not appropriate within the context of this workshop to explore exactly how such a statewide networking mechanism would be constructed and operated, but given its identification by stakeholders as a potentially important structure for achieving the major goals of SBET, it does warrant further consideration by the Department and the VCTC. Indeed, all the program logic maps have value beyond the design of the evaluation framework and can be used as a guide or roadmap to help identify areas for further work and development within strategic plan initiatives.

Second, there was some confusion amongst stakeholders about the different levels of evaluation taking place. Discussions in the workshops revealed that a number of attendees had difficulty discerning between evaluation activities that were taking place within particular strategic plan initiatives and those evaluation activities that will be required to inform the overall or ‘higher level’ evaluation of *Well Placed. Well Prepared*. Assuming workshop participants are broadly representative of other stakeholders in the system, communications that clarify the relationship between different evaluation activities will be essential to achieving broad stakeholder buy-in and participation in the evaluation of *Well Placed. Well Prepared*. The need for an effective communication strategy to support the implementation of the evaluation framework is discussed in more detail in Section 6.3 below.

Third, there is a very real potential for *evaluation fatigue* amongst stakeholders in the Victorian clinical placement system. Many of the key stakeholders within the Victorian clinical placement system are involved in more than one of the major initiatives under *Well Placed. Well Prepared*. Given there are numerous existing evaluation activities taking place (e.g. evaluation of CPN operations, the HWA initiated stakeholder survey) and the evaluation framework requires a number of new evaluation activities, there is the potential for stakeholders to feel overloaded with evaluation requirements and they may simply decline to participate in some of the important evaluation exercises. This could compromise the quality and validity of the performance information obtained.

Attempting to prevent *evaluation fatigue* will be important and some of the strategies that could be considered include:

- Developing an implementation schedule for the evaluation framework that ensures there are minimal overlaps between different evaluation activities.
- Developing communications to highlight the importance of stakeholder participation in the evaluation activities.
- Reinforcing the importance of the evaluation framework through the CPNs.

### 6.2 Oversight of the evaluation framework

Part of the brief for this project was to consider the oversight arrangements required for the different evaluation activities within the evaluation framework, and to provide advice on whether individual expert reference groups (ERGs) should be established.

As it transpired, very little stakeholder input was obtained on this question. There was insufficient time available in the stakeholder workshops to permit a detailed discussion of the oversight arrangements. Similarly, although stakeholders had an opportunity to provide input on this issue in the survey about the draft evaluation methodology, no contributions were made. The only input obtained in relation to oversight arrangements was that a number of stakeholders indicated their interest in participating in such arrangements.

In the absence of any clear direction from stakeholders, the following discussion reflects the consultants' observations in the course of project and their experience more broadly.

At this stage it is difficult to see any rationale or justification for establishing an ERG to oversight the evaluation of any of the nine major strategic plan initiatives or for advice on specific aspects of the evaluation framework (such as data definitions or data integrity). There do not appear to be enough substantive issues to justify the human resource required to operate and maintain such groups.

What does appear necessary is the establishment of a group to oversight the analysis and interpretation of the evaluation results and to guide the utilisation of results by stakeholders. While the VCTC has the ultimate responsibility for ensuring an effective implementation of the evaluation framework, VCTC is a high level strategy and policy group and is not set up to deal with operational or implementation-related issues. Therefore, a group is required that will be able to provide advice and direction on methodological issues that are likely to be encountered during the course of evaluation, but particularly on the interpretation of evaluation findings. This Evaluation Steering Group (ESG) would be managed by the Department and report directly to the VCTC.

There are three main options for the membership of such an advisory group:

- 1) An expert group, which would have membership based upon individual expertise, knowledge or specific interest in evaluation activities.
- 2) A representative group that draws membership from each CPN committee and the VCTC, which ensure there is a degree of equity and statewide coverage.
- 3) A combination of options 1 and 2, whereby there are representatives from each CPN committee as well as individual experts.

Given the focus of this group is on analysis and interpretation of the evaluation results and determining how best to use the results for guiding future development of the clinical placement system, then Option 3 may be the most appropriate. Analysis and interpretation of the evaluation results will require both general expertise in evaluation as well as an understanding of clinical education issues across Victorian CPNs.

Regardless of the make-up of the group, it would seem prudent for the group to be chaired by a member of the VCTC (i.e. the VCTC would nominate one of its members to take on this role). Detailed terms of reference will need to be developed for the ESG.

It is important to recognise that neither VCTC nor the proposed ESG will be in a position to coordinate or support the conduct of the evaluation and therefore it will be necessary for the Department to take a leading role in this domain. The level of departmental resourcing needed for this role will depend on whether the department conducts the evaluation activities itself or contracts an external consultant to do this. Regardless, a departmental officer will need to be responsible for coordinating the implementation of the evaluation framework and serve as the main contact point for all stakeholder queries regarding the evaluation.

### **6.3 Communication strategy and utilisation of evaluation results by stakeholders**

Effective communication with stakeholders at various points in the implementation of the evaluation framework will be important for ensuring a successful evaluation of *Well Placed. Well Prepared*. While the evaluation framework includes some broad suggestions around how the results of the mid-term and final evaluations could be communicated to different

stakeholder groups, there is a need for a more detailed communication strategy to be developed, which will cover all aspects of the evaluation.

A dedicated communication strategy for the evaluation framework is required. The strategy does not need to be too complex and should, where possible and appropriate, leverage the existing education and training communication strategy.

A communication strategy for the evaluation framework should include the following major elements:

- A definition of the major objectives for the communication strategy
- Identification of the main target audiences for the strategy
- Key messages that need to be communicated to the different target audiences
- Identification of any tools and resources that are required for implementing the communication strategy

One category of messages that will need to be communicated relates to ensuring effective utilisation of the evaluation results by stakeholders. Realistically, this element of the communication strategy will not be developed until there is some sense of the evaluation results. Indeed, stakeholder feedback on the draft evaluation framework did not produce any clear messages or direction for how to ensure the results of the evaluation are effectively utilised, perhaps because it is difficult to project how results might be utilised before results are known. In many regards, the identification of how results should be utilised is an extension of analysis and interpretation of data. Since the main role of the ESG will be in analysis and interpretation, it is recommended that the ESG take a leading role in developing a plan for ensuring the evaluation results are appropriately communicated to stakeholders and utilised to effect meaningful improvements in the Victorian clinical placements system.

#### **6.4 Conduct of the mid-term evaluation**

The objective of the mid-term evaluation will be to track the progress of the main initiatives of *Well Placed. Well Prepared* and obtain baseline information for some indicators. To do this, it will necessary to collect data for as many of the high priority indicators as is feasible, depending on the implementation stage of each initiative. A total of 41 of the 49 high priority indicators are expected to have measurements possible in time for the completion of the mid-term evaluation in December 2013.

To assist with preparations for the mid-term evaluation, draft data collection tools have been developed and are presented in Appendix 3. The tools include a draft survey instrument for the major stakeholder survey, as well as templates for other data collection. It is anticipated that further refinement of the data collection tools may be required at the time when the evaluation is actually conducted.

It will also be necessary to have a detailed implementation plan for the conduct of the evaluation. Such a plan should include detailed protocols for each indicator, drawing on information provided in the indicator specifications, that cover:

- Identification of the individuals who will be the data source
- Development of contact lists for those individuals
- Finalisation of data collection tools including instructions for completion
- Protocol for handling stakeholder queries regarding data collection
- Timeline for data collection (dissemination of data collection tools, deadlines for data reporting, follow-up to non-responders, resolution of queries related to submitted data)
- Protocol for data analysis

Time permitting, the ESG should be asked to review and provide comment on the implementation plan. Moreover, the implementation plan that is developed for the mid-term evaluation is expected to form the basis of the plan for the final evaluation in 2015, with refinements based on lessons learned during the mid-term evaluation.

A summary of the tasks that need to be included in the implementation plan are set out in Table 11 below.

**Table 11: Major tasks for inclusion in the evaluation implementation plan**

Timeframe	Tasks
May 2013	<ul style="list-style-type: none"> <li>▪ Establish terms of reference for the CPSP Evaluation Steering Group (ESG) and seek nominations from relevant individuals and stakeholder groups</li> <li>▪ Determination by DH as to whether a third party will be used to conduct the evaluation               <ul style="list-style-type: none"> <li>○ Develop brief for external consultancy, if required</li> </ul> </li> </ul>
June 2013	<ul style="list-style-type: none"> <li>▪ Undertake tender process (if required) for the evaluation consultancy</li> <li>▪ Develop draft communication strategy</li> </ul>
July 2013	<ul style="list-style-type: none"> <li>▪ First meeting of ESG               <ul style="list-style-type: none"> <li>○ Review draft communication strategy</li> </ul> </li> <li>▪ Initial communication with HWA, health services, education providers and peak bodies about the evaluation and upcoming requests for participation and data collection</li> <li>▪ Commencement of consultancy (if appropriate)</li> </ul>
August 2013	<ul style="list-style-type: none"> <li>▪ Develop protocols for indicator monitoring               <ul style="list-style-type: none"> <li>○ Review of protocols by ESG</li> </ul> </li> <li>▪ Disseminate data collection tools (with appropriate instructions for completion)</li> <li>▪ Open stakeholder surveys</li> </ul>
September 2013	<ul style="list-style-type: none"> <li>▪ Follow-up with stakeholders regarding participation in data collection</li> <li>▪ Data collection deadline (end of month)</li> </ul>
October 2013	<ul style="list-style-type: none"> <li>▪ Collation of results from survey and other data collection activities</li> <li>▪ Data analysis               <ul style="list-style-type: none"> <li>○ Review and discussion of data by ESG</li> </ul> </li> <li>▪ Initial consideration by ESG of how to utilise results</li> </ul>
November 2013	<ul style="list-style-type: none"> <li>▪ Draft report prepared by evaluation team for consideration by Department</li> </ul>
December 2013	<ul style="list-style-type: none"> <li>▪ Finalisation of mid-term evaluation report               <ul style="list-style-type: none"> <li>○ Report delivered to VCTC for their consideration</li> <li>○ Dissemination of the report to Victorian and other stakeholders</li> </ul> </li> </ul>
January – February 2014	<ul style="list-style-type: none"> <li>▪ Review of implementation process and development of recommendations for the conduct of the final evaluation</li> <li>▪ Review and revision of individual indicators (as required)</li> </ul>

## 6.5 Conclusion

Through this project, a comprehensive evaluation framework for *Well Placed. Well Prepared* has been developed, which reveals how the priorities and enablers of *Well Placed. Well Prepared* will be addressed by evaluation questions and indicators. As such, this framework provides a structured basis for drawing quantitative and qualitative conclusions about the success or otherwise of Victoria's strategic plan for clinical placements.

The process for developing the evaluation framework worked well overall, notwithstanding the relatively short timeframe for stakeholder consultation. Those individuals that participated in the workshops appreciated the opportunity to provide input to the process and found the program logic mapping exercise informative and interesting. There was less participation by stakeholders than anticipated when the draft evaluation methodology was released for consultation, but this may reflect the timing of the process (over the Christmas-New Year period) and is not expected to impact adversely on the conduct of the evaluation itself.

Undoubtedly, implementation of this evaluation framework will be challenging on many levels, not least because of the scope and breadth of the evaluation, the range of stakeholders that need to be involved and the potential for overlap with other clinical education-related activities. Considerable planning and preparation will be needed to ensure that evaluation activities do not become unwieldy or impose an undue burden on stakeholders.

In undertaking this evaluation, it will be important to remember that the indicators that are central to this framework are a work in progress. It will only be through undertaking the measurement of each indicator that their value will be determined and while robust performance information may emerge for some indicators, there will be other indicator results that may not entirely meet the intended purpose. Moreover, the ease of data collection may not be apparent until the data actually has to be compiled, collected and reported. It is also possible that the usefulness of individual indicator results in informing future actions won't be apparent until all indicator data is collected and analysed, allowing indicator results to be contextualised.

Therefore, it is highly recommended that the mid-term evaluation exercise conclude with a process of reviewing the implementation protocol and revising individual indicators and data collection instruments and processes. If such a review is conducted early in 2014, this will allow sufficient time for the evaluation to be refined ahead of the final evaluation scheduled for late 2015.

## 7 Appendices

### Appendix 1 – Stakeholder attendees at workshops/teleconferences

The table below lists the participants at each workshop that was open to all stakeholders. Sector Workforce Planning staff and CPN Coordinator participants are not listed.

<b>Simulated Learning Environments</b>	
Kristy Allen – Monash University	Marcus McDonald – RMIT University
Wendy Beavis – Peninsula Health	Lesley McKarney – La Trobe University
Janet Beer – Western Health	Peter Morley – University of Melbourne
Annette Davis – Southern Health	Monica Peddle – La Trobe University
Maureen Habner – Peninsula Health	Sam Radford – Austin Health
Susan Harrison – Aust Centre for Health Innovation	Chris Stevenson – Bendigo Health
Gulzar Malik – Inst of Health & Nursing Australia	
<b>Supervision support</b>	
Kristy Allen – Monash University	Glenda McPherson – Gippsland CPN
Mark Ashcroft – Alpine Health	Suzanne Metcalf – Alfred Health
Sara Davies – Southern Health	Arlene Parry – Monash University
Helen Dean – Victoria University	Debra Schulz – Barwon Health
Shaani Graves – Southern Health	Ivy Tan – Western Health
Janine Martin – Western Health	Lisa Tabb – Western Health
Julie McCormack – Dental Health Service Victoria	Juli Touissaint – Western Health
Tony McGillion – Austin Health	Dianne Welch – Deakin University
<b>Data and information</b>	
Tracy Donly – Western Health	Stav Stathopoulos – Mental Illness Fellowship Vic
Ronnie Egan – RMIT University	Jo Thorpe – Southern Health
Cate Kelly – Alfred Health	Michelle Towstoless – Victoria University
Joan Leo – La Trobe University	Karin White – Southern Health
<b>Expanded settings</b>	
Lisa Barker – Southern Health	Nicole Kondogiannis – Doutta Galla Comm Health
Anita Hill – Inner East Melbourne Medicare Local	Gulzar Malik – Inst of Health & Nursing Australia
Denis Flores – Goulburn Valley Area Mental Health Service	Raj Nagarajan – Box Hill Hospital
Susan Jackson – La Trobe University	
<b>Rural initiatives</b>	
Tracey Daffy – Wimmera Health Care Group	Tara Haneveld – University of Ballarat
Les Fitzgerald – La Trobe University	Denise Richards – Maryborough DHS
Marcus Gardner – Bendigo Health	Janine Smith – Yarrowonga Health
David Gratton – William Buckland Radiotherapy Gippsland	
<b>HWA teleconference (HWA staff)</b>	
George Beltchev – IRCTNs	Ingrid Lensink – IRCTNs
Juleen Browning – SLE	Melanie Milstead – Research and Evaluation
Sharyn Cody – CSSP	Marjo Roshier-Taks – CSSP
George Katsos – IRCTNs	Nick Schubert – Workforce Innovation and Reform
Ryan Kennedy – IRCTNs	

## **Appendix 2 – Program Logic Maps**

(see separate document)

## Appendix 3 – Draft report proforma and survey instruments

### Reporting template – education providers

Indicator 35			
Does your organisation use viCPlace as your primary clinical placement data management system?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "no", please provide a reason why this is the case.</i>			
Indicator 18			
Does your organisation conduct surveys or acquire feedback systematically from students on their experiences during clinical placements in health services?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "yes", please complete the following table with the aggregate results from surveys conducted in each relevant discipline, during the period January 2012 – June 2013. Insert more rows if required.</i>			
Discipline	Number of surveys conducted	Total number of respondents across all relevant surveys	No of students who reported "above average" satisfaction
Indicator 57			
As part of feedback acquired from students, do you systematically collect information regarding problems experienced by students with respect to accommodation for their clinical placements in rural Victorian health services?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "yes", please complete the following table with aggregate results for the period January 2012 – June 2013. Insert more rows if required.</i>			
Discipline	Method of collecting feedback on accommodation issues	No of respondents who report at least some difficulty with respect to accommodation for a clinical placement in a rural setting	

## Reporting template – health services

Indicator 35			
Does your organisation use viCPlace as your primary clinical placement data management system?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>If "no", please provide a reason why this is the case.</i>			
Indicator 18			
Does your organisation conduct surveys or acquire feedback systematically from students on their experiences during clinical placements in health services?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>If "yes", please complete the following table with the aggregate results from surveys conducted in each relevant discipline, during the period January 2012 – June 2013. Insert more rows if required.</i>			
Discipline	Number of surveys conducted	Total number of respondents across all relevant surveys	No of students who reported "above average" satisfaction
Indicator 57			
As part of feedback acquired from students, do you systematically collect information regarding problems experienced by students with respect to accommodation for their clinical placements in rural Victorian health services?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>If "yes", please complete the following table with aggregate results for the period January 2012 – June 2013. Insert more rows if required.</i>			
Discipline	Method of collecting feedback on accommodation issues	No of respondents who report at least some difficulty with respect to accommodation for a clinical placement in a rural setting	
Indicator 38			
Does your health services include key performance indicators (KPIs) for student supervision in position descriptions of relevant staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If "yes", what proportion of relevant position descriptions include these KPIs?			

<b>Indicator 46</b>				
For each discipline, record the number of trained supervisors on staff as of January 2012 and the number of trained supervisors on staff as of June 2013. Insert more rows if required.				
Discipline	No of trained supervisors on staff as of Jan 2012	No of trained supervisors on staff as of June 2013		
<b>Indicator 48</b>				
For each discipline, record the number of clinical staff with clinical supervision expertise/experience and the number of these that are no longer actively supervising students. Insert more rows if required.				
Discipline	No of clinical staff with clinical supervision expertise/experience on staff as of June 2013	No of staff with clinical supervision expertise/experience on staff as of June 2013 who are no longer actively supervising students		
<b>Indicator 54 (Rural and regional health services only)</b>				
For each discipline, record the number of clinical staff actively involved in clinical education activities who have educational training, experience or qualifications. Insert more rows if required.				
Discipline	No of staff actively involved in clinical education activities	No of staff actively involved in clinical education who have		
		Educational training	Educational experience	Educational qualifications
<b>Indicator 77 (Only for collection at end-of-term evaluation)</b>				
Has your health service commenced implementing the BPCLE Framework?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If "yes", has the BPCLE Framework also been incorporated within the broader quality improvement plan for the health service?				Yes <input type="checkbox"/> No <input type="checkbox"/>

## Reporting template – Dept of Health/CPNs

<b>Indicator 10</b>							
What proportion of stakeholders who have received project funding (relevant to the initiatives of <i>Well Placed. Well Prepared</i> ) have reported difficulty in meeting the project monitoring and/or reporting requirements?							
<b>Indicator 53 (To be completed by regional CPNs only)</b>							
Record the total number of regional/rural health services in the CPN in each category, as well as the number of regional/rural health services that are currently participating (or have expressed interest in participating) in clinical placements, as of June 2013.							
	Health service category	Number of health services in the CPN		Number of health services participating (or that have expressed interest in participating) in clinical placements			
	Hospital – large regional						
	Hospital – medium regional						
	Hospital – small regional						
	Aboriginal health service						
	Aged care / Disability						
	General practice						
	Mental health						
	Primary / Community health						
	Private hospital						
	Private allied health						
	Private specialist						
<b>Indicator 66 (To be completed for each CPN)</b>							
Record the number of stakeholders who attended each CPN-auspiced event, the number that returned post-event evaluation forms and the number of those that indicated above-average satisfaction with the event, for events conducted in the period January 2012 – June 2013.							
Event	Relevant initiative	Number that attended event		Number that completed evaluation		Number that indicated >average satisfaction	
		Health service	Education provider	Health service	Education provider	Health service	Education provider

<b>Indicators 25 and 76 (Only for collection at end-of-term)</b>				
Record the number of health services in each category, the number that have completed their initial self-assessment using BPCLEtool, the number that have completed a follow-up self-assessment and the number of those that improved their self-assessment scores between the first and second assessment.				
Health service category	No. of health services in the CPN	No. that have completed 1 <sup>st</sup> self-assessment	No. that have completed 2 <sup>nd</sup> self-assessment	No. that have improved self-assessment
Hospital – large				
Hospital – medium				
Hospital – small				
Aboriginal health service				
Aged care / Disability				
General practice				
Mental health				
Primary / Community health				
Private hospital				
Private allied health				
Private specialist				

### Reporting template – Simulated Learning Environments

Indicator 82	
Has your SLE facility been assessed against any quality framework in the period January 2012 to Sept 2015?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "yes", which quality frameworks has the facility been assessed against?</i>	
Has a quality improvement action plan been developed for the SLE facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Reporting template – Health Workforce Australia

Indicator 13						
For each of the following initiatives, please provide a rating (on a scale from 1 to 5) as to how well the Victorian initiative has aligned to national processes. If the initiative does not have a counterpart in the national system, please indicate "not applicable"						
Initiative	Very poor alignment				Very good alignment	Not applicable
	1	2	3	4	5	
BPCLE Framework						
Clinical placement planning						
Clinical placement networks						
Data and information (viCPlace, viCPortal, viCProfile)						
Expanded settings						
Rural initiatives						
Simulated learning environments						
Supervision support						

# Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

## 1. Introduction

This survey collects information that will assist with the evaluation of "Well Placed. Well Prepared." Victoria's Strategic Plan for Clinical Placements (2012–15). The information will enable measurement of relevant key performance indicators developed as part of the evaluation framework for "Well Placed. Well Prepared."

You have been selected to participate in this survey as a stakeholder in one or more of the main initiatives or activities under the strategic plan. To assist you with targeting your answers to only those strategic plan initiatives with which you are familiar or have had some direct experience, "barrier" questions are used throughout the survey.

The survey also requests some basic demographic information about you, to allow analysis of the results for different stakeholder groups. You will not be personally identified with any of the responses you provide.

The survey will take approximately 10 minutes to complete.

Thank you for participating in this survey of stakeholders in the Victorian clinical placements system.

# Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

## 2. Demographic information

### 1. Gender

- Female
- Male

### 2. Indicate the type of organisation in which you predominantly work.

- Metropolitan public health service
- Regional public health service
- Small rural public health service
- Private hospital
- Aged care
- Mental health
- Community health
- Aboriginal Community Controlled Health Organisation (ACCHO)
- Private health (general practice, allied health etc.)
- University
- Vocational Education and Training (TAFE and RTO)
- Registered Training Provider (RTP)
- Peak body
- Government
- Other (please specify)

# Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

## 3. Please indicate the CPN (or CPNs) you are associated with.

- Barwon–South Western CPN
- Central Metropolitan CPN
- Eastern Metropolitan CPN
- Gippsland CPN
- Grampians CPN
- Hume CPN
- Loddon Mallee CPN
- Mornington Peninsula CPN
- Northern Metropolitan CPN
- Southern Metropolitan CPN
- Western Metropolitan CPN
- No affiliation with any CPN

## 4. Approximately how many years have you been involved with the clinical placements system in Victoria?

- Less than one year
- 1 – 5 years
- More than 5 years

# Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

## 3. Governance

### 5. (Ind #4) How satisfied are you with the leadership provided by the Victorian Clinical Training Council (VCTC), formerly the Victorian Clinical Placements Council (VCPC)?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

If you answered 'dissatisfied' or 'very dissatisfied', what was the reason for your response?

### 6. (Ind #3) How satisfied are you with the governance arrangements in the new clinical placement system, as provided by Clinical Placement Networks (CPNs)?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

If you answered 'dissatisfied' or 'very dissatisfied', what was the reason for your response?

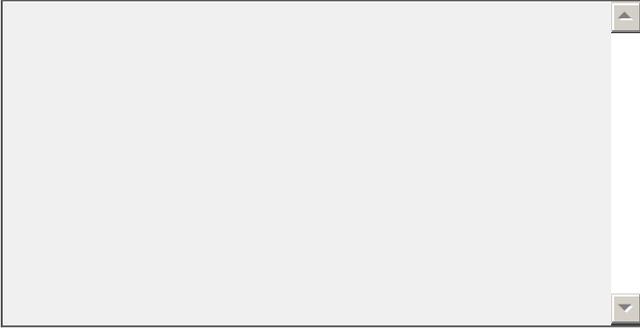
### 7. (Ind #5) How satisfied are you with the overall operation of the CPN committees and associated processes, for the CPN you are primarily associated with?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

If you answered 'dissatisfied' or 'very dissatisfied', what was the reason for your response?

## Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

**8. Please provide any other comments or feedback you have on governance in the Victorian clinical placement system.**



# Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

## 4. Overall Strategic Plan

### 9. (Ind #19) How familiar are you with the contents of "Well Placed. Well Prepared." - Victoria's strategic plan on clinical placements?

- Very familiar
- Familiar
- Neither familiar nor unfamiliar
- Unfamiliar
- Very unfamiliar

### 10. (Ind #12) How adequate was the communication you have received in relation to "Well Placed. Well Prepared."?

- Very adequate
- Adequate
- Neither adequate nor inadequate
- Inadequate
- Very inadequate

If you answered 'inadequate' or 'very inadequate', what was the reason for your response?

### 11. (Ind #14) How satisfied are you with the opportunities provided for networking on issues related to your involvement with the clinical placement system in Victoria?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

If you answered 'dissatisfied' or 'very dissatisfied', what was the reason for your response?

## Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

### 12. (Ind #8) How satisfied are you with the overall transparency of the funding processes for the initiatives and projects under "Well Placed. Well Prepared"?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

If you answered 'dissatisfied' or 'very dissatisfied', what was the reason for your response?

### 13. (Ind #11) Do you believe there are examples of wastage or duplication of effort between any of the initiatives conducted under the auspices of "Well Placed. Well Prepared"?

- Yes
- No
- Unsure

If you answered 'yes', please provide specific examples of where wastage or duplication of effort is occurring.

### 14. (Ind #16 – Health service staff only) To what extent do you believe your organisational culture with respect to education has improved or declined since the commencement of "Well Placed. Well Prepared." in 2012?

- Greatly improved
- Somewhat improved
- Has remained unchanged
- Has declined
- Has greatly declined

If you answered 'has declined' or 'has greatly declined', what was the reason for your response?

## Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

**15. (Ind #26) Overall, how would you rate the Victorian clinical placement system now compared to four years ago?**

- The system is considerably improved
- The system is somewhat improved
- The system is unchanged
- The system is somewhat worse
- The system is considerably worse

If you answered 'somewhat worse' or 'considerably worse', please provide a reason for your response.

**16. Please provide any other comments or feedback you have about the overall implementation of "Well Placed. Well Prepared."**

# Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

## 5. Relationships between health services and education providers

**17. (Ind #22 barrier Q) Have you had any first-hand experience of the relationships between health services and education providers, with respect to organising and conducting clinical placements?**

- Yes
- No

**18. (Ind #22 barrier Q) Has your experience been through working at a health service or education provider?**

- Health service
- Education provider
- Both health service and education provider

**19. (Ind #22) Noting that there may be more than education provider with which you have had experience, how satisfied are you with the overall relationship between your health service and your education provider partners?**

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very Dissatisfied

**20. (Ind #22) Noting that there may be more than health service with which you have had experience, how satisfied are you with the overall relationship between your education provider and your health service partners?**

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very Dissatisfied

# Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

## 6. Clinical Placement Planning initiative

**21. (Barrier Q CPP) Have you had direct involvement with any of the activities associated with clinical placement planning within one or more of the CPNs?**

- Yes
- No

If "yes", how many CPNs have you been involved with?

**22. (Barrier Q CPP) If you haven't had any direct involvement in the clinical placement planning initiative, do you still have an interest in the implementation of this initiative?**

- Yes
- No

**23. (Ind #7 CPP) How would you rate your level of awareness of the major purpose of the clinical placement planning initiative?**

- Very aware
- Somewhat aware
- Unaware
- Not sure

**24. (Ind #12 CPP) How adequate was the communication you have received in relation to clinical placement planning?**

- Very adequate
- Adequate
- Neither adequate nor inadequate
- Inadequate
- Very inadequate

If you answered 'inadequate' or 'very inadequate', what was the reason for your response?

# Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

**25. (Ind #30) How satisfied are you with the planning processes for clinical placements you participated in? Please provide a response for each CPN where you participated in clinical placement planning activities.**

	Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Barwon–South Western CPN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Central Metropolitan CPN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eastern Metropolitan CPN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gippsland CPN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grampians CPN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hume CPN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loddon Mallee CPN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mornington Peninsula CPN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Northern Metropolitan CPN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Southern Metropolitan CPN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Western Metropolitan CPN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**26. (Ind #31) How well do you believe each principle of the Victorian Department of Health's "Clinical Placement Planning Framework (June 2012)" was adhered to in the clinical placement planning processes you participated in?**

	Very well	Well	Neither poorly nor well	Poorly	Very poorly
Principle 1: Broad participation and inclusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Principle 2: Transparency and openness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Principle 3: Consistent approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Principle 4: Collaboration and collegiality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Principle 5: Facilitation not allocation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Principle 6: Respect for existing relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**27. Please provide any other comments or feedback you have about the clinical placement planning initiative.**

# Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

## 7. Supervision support initiative

**28. (Barrier Q SS) Have you had direct involvement with any of the activities associated with the supervision support initiative?**

- Yes
- No

**29. (Barrier Q SS) If you haven't had any direct involvement in the supervision support initiative, do you still have an interest in the implementation of this initiative?**

- Yes
- No

**30. (Ind #7 SS) How would you rate your level of awareness of the major purpose of the supervision support initiative?**

- Very aware
- Somewhat aware
- Unaware
- Not sure

**31. (Ind #12 SS) How adequate was the communication you have received in relation to the supervision support initiative?**

- Very adequate
- Adequate
- Neither adequate nor inadequate
- Inadequate
- Very inadequate

If you answered 'inadequate' or 'very inadequate', what was the reason for your response?

**32. Please provide any other comments or feedback you have with respect to the supervision support initiative.**

# Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

## 8. Rural initiatives

**33. (Barrier Q Rural) Have you had direct involvement with any of the activities associated with implementing rural initiatives?**

- Yes
- No

**34. (Barrier Q Rural) If you haven't had any direct involvement in rural initiatives, do you still have an interest in the implementation of this initiative?**

- Yes
- No

**35. (Ind #7 Rural) How would you rate your level of awareness of the major purpose of rural initiatives?**

- Very aware
- Somewhat aware
- Unaware
- Not sure

**36. (Ind #12 Rural) How adequate was the communication you have received in relation to rural initiatives?**

- Very adequate
- Adequate
- Neither adequate nor inadequate
- Inadequate
- Very inadequate

If you answered 'inadequate' or 'very inadequate', what was the reason for your response?

**37. Please provide any other comments or feedback you have with respect to rural initiatives.**

# Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

## 9. CPN initiative

**38. (Barrier Q CPNs) Have you had direct involvement with any of the activities associated with implementing clinical placement networks (CPNs)?**

- Yes
- No

**39. (Barrier Q CPNs) If you haven't had any direct involvement in the CPNs initiative, do you still have an interest in the implementation of this initiative?**

- Yes
- No

**40. (Ind #7 CPNs) How would you rate your level of awareness of the major purpose of the CPNs?**

- Very aware
- Somewhat aware
- Unaware
- Not sure

**41. (Ind #12 CPNs) How adequate was the communication you have received in relation to the establishment of CPNs?**

- Very adequate
- Adequate
- Neither adequate nor inadequate
- Inadequate
- Very inadequate

If you answered 'inadequate' or 'very inadequate', what was the reason for your response?

**42. (Ind #64) How would you rate CPN staff in relation to the following aspects of their performance?**

	Very good	Good	Neither good nor poor	Poor	Very poor
Knowledge of the BPCLE Framework	<input type="radio"/>				
Competence in providing assistance with implementing the BPCLE Framework	<input type="radio"/>				

## Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

**43. Please provide any other comments or feedback you have with respect to the CPNs initiative.**



# Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

## 10. BPCLE Framework initiative

**44. (Barrier Q BPCLE) Have you had direct involvement with any of the activities associated with implementing the BPCLE Framework?**

- Yes
- No

**45. (Barrier Q BPCLE) If you haven't had any direct involvement in the BPCLE Framework, do you still have an interest in the implementation of this initiative?**

- Yes
- No

**46. (Ind #7 BPCLE) How would you rate your level of awareness of the major purpose of the BPCLE Framework?**

- Very aware
- Somewhat aware
- Unaware
- Not sure

**47. (Ind #12 BPCLE) How adequate was the communication you have received in relation to the BPCLE Framework?**

- Very adequate
- Adequate
- Neither adequate nor inadequate
- Inadequate
- Very inadequate

If you answered 'inadequate' or 'very inadequate', what was the reason for your response?

## Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

**48. (Ind #72) Overall, how satisfied were you with the implementation tools provided by the Department of Health to support the implementation of the BPCLE Framework?**

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

If you answered 'dissatisfied' or 'very dissatisfied', please provide a reason for your response.

**49. Please provide any other comments or feedback you have with respect to the BPCLE Framework initiative.**

# Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

## 11. Simulated Learning Environments (SLE) initiative

**50. (Barrier Q SLE) Have you had direct involvement with any of the activities associated with implementing the SLE initiative?**

- Yes
- No

**51. (Barrier Q SLE) If you haven't had any direct involvement in the SLE initiative, do you still have an interest in the implementation of this initiative?**

- Yes
- No

**52. (Ind #7 SLE) How would you rate your level of awareness of the major purpose of the SLE initiative?**

- Very aware
- Somewhat aware
- Unaware
- Not sure

**53. (Ind #12 SLE) How adequate was the communication you have received in relation to the SLE initiative?**

- Very adequate
- Adequate
- Neither adequate nor inadequate
- Inadequate
- Very inadequate

If you answered 'inadequate' or 'very inadequate', what was the reason for your response?

## Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

**54. (Ind #79) How satisfied are you with statewide mechanisms for coordinating simulation-based education and training (SBET) resources in Victoria?**

- Very satisfied
- Satisfies
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

If you answered 'dissatisfied' or 'very dissatisfied', please provide a reason for your response.

**55. Please provide any other comments or feedback you have with respect to the SLE initiative.**

# Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

## 12. viCPlace initiative

**56. (Barrier Q viCPlace) Have you ever used the viCPlace information management system?**

- Yes
- No

**57. (Ind #85 viCPlace) Of the following statements, which one best describes the main purpose of viCPlace?**

- To enable the Department of Health to capture information about clinical placements in Victoria
- To help Victorian clinical placement providers plan and administer clinical placements with education providers
- To enable health services to monitor their performance in relation to clinical placements
- To fulfill Victoria's obligations for reporting to Health Workforce Australia (HWA) on clinical placement activity

**58. (Ind #84 viCPlace) How adequate are the data definitions within viCPlace?**

- Very adequate
- Adequate
- Inadequate
- Not sure

**59. (Ind #88 viCPlace) Thinking about your use of viCPlace, to what extent has the data and information you have sought been accessible?**

- Completely
- Mostly
- Sometimes
- Rarely
- Never

**60. (Ind #37) How satisfied are you that viCPlace is meeting your needs with regard to recording and managing information?**

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

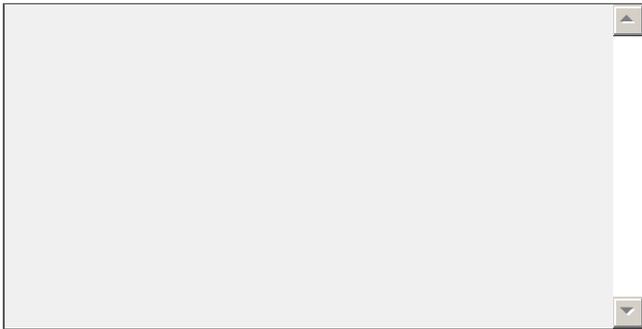
If you were 'dissatisfied' or 'very dissatisfied', please provide a reason for your response?

# Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

**61. (Ind #23 viCPlace) Thinking about your experience with viCPlace, how satisfied are you with the following aspects of its performance?**

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Data integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**62. Please provide any other comments or feedback you have with respect to the viCPlace initiative.**



# Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

## 13. Other data and information

**63. (Barrier Q viCProfile) Have you ever used the viCProfile information management system?**

- Yes
- No

**64. (Ind #85 viCProfile) Of the following statements, which one best describes the main purpose of viCProfile?**

- To enable the Department of Health to monitor clinical placement activity in Victoria
- To provide an interactive, online data repository for use by policy makers and others with an interest in clinical placement-related issues
- To enable students to select health services for their clinical placements
- To fulfill Victoria's obligations for reporting to Health Workforce Australia (HWA) on clinical placement activity

**65. (Ind #84 viCProfile) How adequate are the data definitions within viCProfile?**

- Very adequate
- Adequate
- Inadequate
- Not sure

**66. (Ind #88 viCProfile) Thinking about your use of viCProfile, to what extent has the data and information you have sought been accessible?**

- Completely
- Mostly
- Sometimes
- Rarely
- Never

**67. (Ind #23 viCProfile) Thinking about your experience with viCProfile, how satisfied are you with the following aspects of its performance?**

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Data integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**68. (Barrier Q viCPortal) Have you ever used the viCPortal website?**

- Yes
- No

## Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

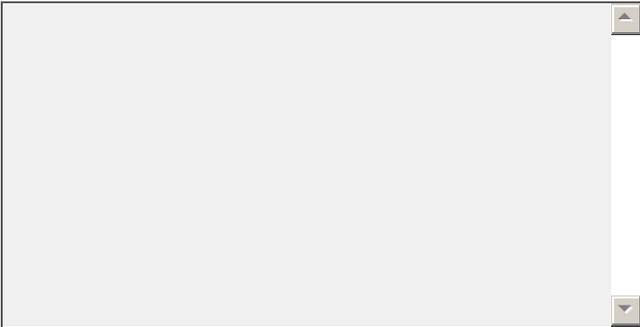
**69. (Ind #85 viCPortal) Of the following statements, which one best describes the main purpose of viCPortal?**

- To enable the Department of Health to capture information about clinical placements in Victoria
- To help Victorian clinical placement providers plan and administer clinical placements with education providers
- To provide an online catalogue of clinical education and training resources
- To provide a direct link between the Department of Health, health services and education and training providers

**70. (Ind #88 viCPortal) Thinking about your use of viCPortal, to what extent has the data and information you have sought been accessible?**

- Completely
- Mostly
- Sometimes
- Rarely
- Never

**71. Please provide any other comments or feedback you have with respect to the viCProfile or viCPortal initiatives.**



# Stakeholder Survey – Evaluation of "Well Placed. Well Prepared."

## 14. Thank you

Thank you for completing this survey.

If you have any questions about the survey (or "Well Placed. Well Prepared." more broadly), please contact <insert name and relevant contact details>.