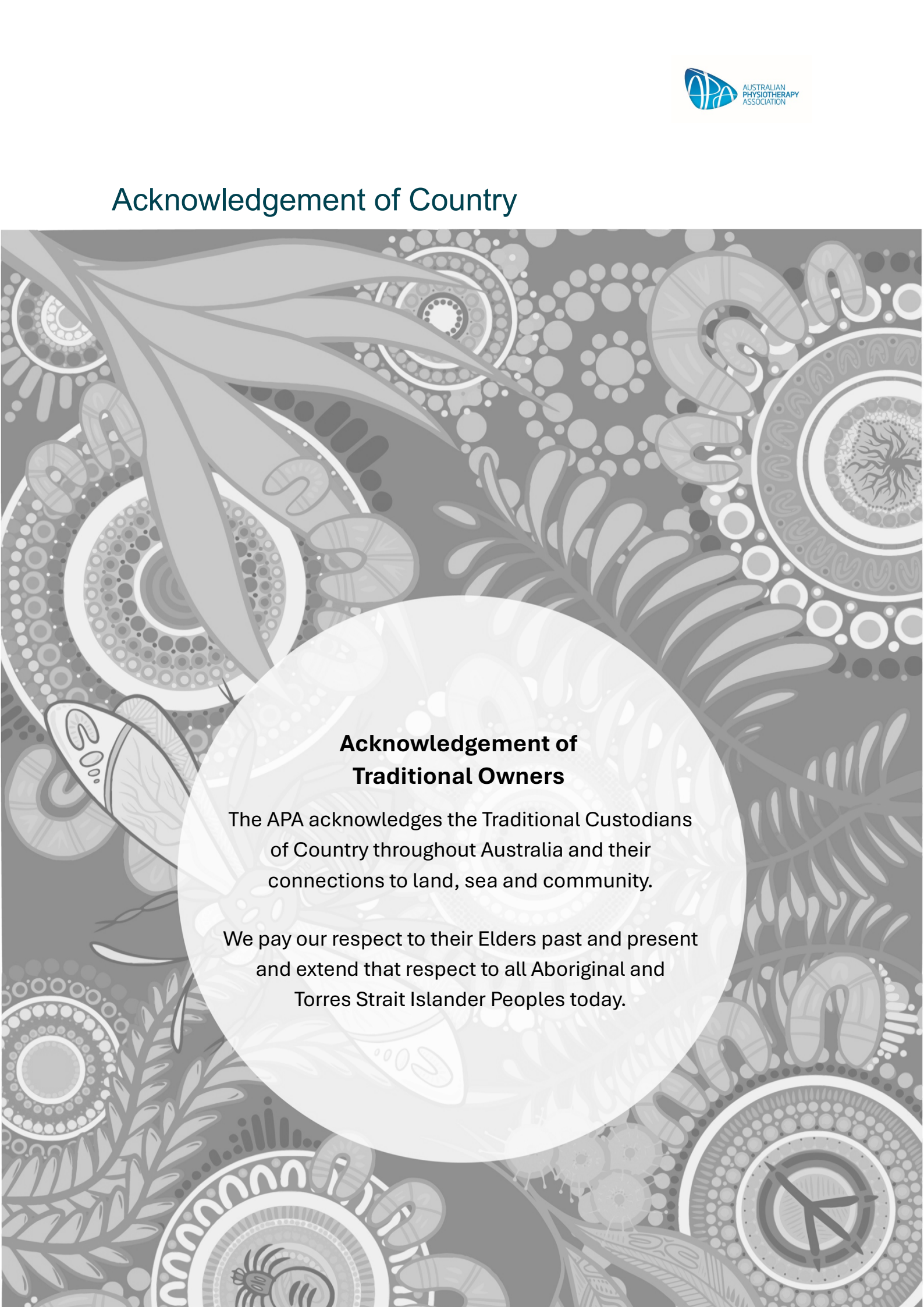


Capability Framework

For Physiotherapists Delivering Clinical Education

Version 1 2026

Acknowledgement of Country



Acknowledgement of Traditional Owners

The APA acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community.

We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander Peoples today.

Executive summary

The **Capability Framework for Physiotherapists Delivering Clinical Education** (the Framework) provides a structured, evidence-based approach to strengthening the capability of the physiotherapy workforce as clinical educators. It establishes a clear progression pathway for physiotherapists to develop, demonstrate, and advance clinical education skills across all stages of their career to facilitate learning.

The Framework was developed in response to recognised variability in the structure and support for physiotherapists receiving and delivering clinical education in the workplace. While formal educator roles are well established in nursing [1, 2] and medicine [3], physiotherapy has lacked comparable structure and language. This has limited the application of broader frameworks to guide professional growth in this area. Physiotherapists contributing to the research underpinning this Framework expressed a clear need for greater support, structure, and recognition of the educator role across the career continuum.

Drawing on insights from a statewide survey, focus groups, and stakeholder consultation, the Framework identifies six domains of educator capability. These domains were adapted from existing literature [4-6] and refined to align with the priorities of Victorian stakeholders. The Framework is further informed by national and international standards, policies, regulations, and competency frameworks relevant to physiotherapy and allied health education and practice.

By articulating the capabilities that underpin effective clinical education, the Framework provides a foundation for the consistent, evidence-informed development of educator skills for physiotherapists across Victoria. It aims to strengthen recognition of clinical educator skills across the physiotherapy workforce and promote a coordinated approach to developing clinical education capabilities within and between organisations.

Although developed primarily for physiotherapists in the Victorian public health sector, the Framework has broad applicability across settings including private hospitals, private practice, disability, community and aged care settings. It includes practical examples, case studies and resources to support implementation at all stages of development - from foundational to expert levels.

The Framework was developed with support from the Pat Cosh Trust administered by the Australian Physiotherapy Association. *'The purpose of the Trust is for the public charitable purpose of the advancement of education of physiotherapists and students of physiotherapy located, working or residing in Victoria by:*

- *Initiating and supporting programs that improve the practitioners and students of physiotherapy's ability to practice and*
- *Funding research to improve the education standard of practitioners and physiotherapy students.'* [7]

The Framework, based on research, will facilitate the delivery of high-quality clinical education by skilled, capable physiotherapists with far reaching benefits to our consumers, the physiotherapy workforce, other health professionals, and the broader health system. A well-educated workforce fosters innovation, career opportunities, professional satisfaction, and safer, higher-quality care for all.

Clinical Education: Skills required for learning, teaching and assessment supporting clinical practice

- 1.** Delivery of clinical information and education
- 2.** Delivery of continuing clinical education and professional development
- 3.** Supporting student clinical placement
- 4.** Supporting clinical supervision of physiotherapists

Figure 1: Overview of areas integrated in clinical education.

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Glossary/terms and terminology

Term	Definition
Capability	Capability refers to the ability to integrate multiple technical and non-technical competencies and skills in challenging, ever-changing and unfamiliar environments. Capability is the combination of skills, knowledge, values and self-esteem which enables individuals to handle change. i.e. Can apply competencies in unfamiliar and familiar situations [8].
Clinical Education	Clinical education is the structured, supervised, experiential learning, in which learners develop professional competencies including the education of consumers as an integral component of clinical practice and learning [9, 10]. Clinical education knowledge and skills are longitudinal, developed over the career and required across many roles within the physiotherapy profession. Within the context of this Framework, clinical education refers to assessment, learning and teaching for: - o delivery of education to consumers - o delivery of education and training for continuing professional development (CPD) requirements - o student clinical placement supervision - o clinical supervision of staff
Clinical Supervision	A formal structured professional relationship of support that ensures safe practice and an enabling environment for teaching, learning and professional development. Clinical supervision has patient care and clinical skills as a point of focus. Professional supervision focuses on professional growth and wellbeing [11]. Clinical and professional supervision are closely related, and within supervisory interactions may be seen to be used interchangeably [12].
Coaching	Definitions of coaching vary within the literature [13, 14]. Based on core shared features within definitions, coaching is a collaboration framed around self-determined, measurable goals. Coaches facilitate achievement of measurable outcomes through questioning, feedback, facilitation of reflection and behaviour change strategies. Coaching activities are typically short-term collaborations
Competency	The synthesis of several component parts (knowledge, skills, attitudes, and behaviours) used in combination, that is context-dependent and influenced by a common set of values [15].

Capability Framework

A capability framework is a structured model to guide professional development. It describes the integrated and adaptive application of knowledge, skills, professional judgement, and personal attributes required to respond effectively to complexity and change in professional healthcare practice [16, 17].

Continuing Professional Development

Formal and informal learning activities by which health practitioners maintain, enhance, and extend their knowledge, expertise, and competence throughout their careers [18].

Curriculum

An overall framework of educational experiences, learning objectives, content, teaching methods, and assessment strategies. A curriculum is what learners are expected to learn and how they are expected to learn it.

Mentoring

A supportive relationship where an experienced practitioner provides guidance for professional and career development. Mentors are usually actively sought by mentees to enable the sharing of appropriate knowledge and expertise [12]. Nuances and specific definitions may vary in different contexts.

Modelling

A process in which practitioners demonstrate professional behaviours (eg, clinical reasoning, decision-making, ethical practice) that learners observe and internalise as part of their development.

Peer support

A peer-based relationship built on reciprocity, mutual understanding, and shared experience, rather than hierarchy or formal supervision, where colleagues provide emotional, social, and professional support to one another.

Physiotherapy Clinical Educators

A clinical educator provides point of care education across a number of potential education contexts (see clinical education). They may have a formally recognised or designated role or may be a physiotherapist providing clinical education activities as part of their role.

Framework users are encouraged to accept a broad definition of the role to support the recognition of clinical education competency development in all physiotherapists, including newly qualified staff. Users should also recognise similarity across a range of terms (such as preceptor, supervisor, clinical associate, clinical facilitator, clinical teacher, clinical support, or mentor) intersecting across professions.

Where applicable, Framework users should also cross-reference with current Enterprise Bargaining Agreements to ensure consistency in developing position descriptions that support clinical educator roles appropriately.

Point of care

Point of care refers to the interaction between physiotherapists and consumers during an episode of care delivery, encompassing all contexts of care.

**Student clinical
placement
supervision**

Structured oversight and guidance by qualified health practitioners of students undertaking a clinical placement to facilitate safe practice and achievement of learning outcomes as part of the student's progression towards professional competence and registration.

Introduction

Physiotherapy is the fourth largest group of registered health professionals with 45,441 physiotherapists registered nationally and 10,897 practicing in Victoria [19]. The largest number of registered physiotherapists are aged under 35 years (46%) [20] and approximately 28% work in the public sector [21]. Physiotherapy is a growing profession with an estimated yearly increase in graduates of 20% and subsequent high demand for pre-licensure clinical placements [22].

The role of Australian physiotherapists as an educator is recognised as a core competence required for registration and continuing practice [23]. There is a regulatory requirement for physiotherapists to continue learning to enable their professional development and maintain safe, effective practice [18]. These statutory requirements necessitate participation in, receipt, and delivery of clinical education across a range of contexts for all physiotherapists, only some of which will involve designated clinical educator roles.

‘There are hidden skill sets as an educator that are not always visible to people...They think that being a physiotherapist is enough to teach others to do the same...’ (Physiotherapist, focus group participant)

The scope of key skills associated with clinical education are often not well recognised, valued or explicitly taught [24-26] despite the expectation and necessity for **all** physiotherapists to deliver point of care education as part of their professional role. For Australian physiotherapists, the development of skills to deliver clinical education lacks the mandated, formal structure of nursing and medical professions. Current development opportunities are often graduate entry level (pre-registration) student focused and may not be effective in building a sustainable educational career pathway. In practice, there is often an assumption that being a qualified health professional automatically qualifies the individual to be a good clinical educator despite never receiving any targeted training and education [26-28].

‘You’re just sort of expected to know what to do...you don’t necessarily have a lot of training or knowledge in that, and it’s just like... who am I to be able to support these people?’ (Physiotherapist, focus group participant)

To be effective in delivering clinical education requires certain skills, knowledge and capabilities and targeted training. As the size of the physiotherapy workforce and patient numbers continues to grow, the demand for access to, and delivery of, effective physiotherapy clinical education will increase, with high demand being placed on early- to mid-career physiotherapists. Developing the capabilities required by physiotherapists to deliver effective clinical education within their role and establishing a clear career pathway to taking on a dedicated clinical educator role is required to ensure our current and future physiotherapy workforce can grow professionally and deliver safe, effective contemporary care to consumers.

What is clinical education?¹

Clinical education encompasses a range of activities encountered by physiotherapists at different stages of their careers (Figure 2). An integral part of physiotherapy practice is providing education to consumers. This may be in the form of sharing clinical information, exercise prescription, self-management strategies, health promotion and seeking informed consent, among other activities. As physiotherapists become more experienced many will be required to supervise physiotherapy students on clinical placements, provide clinical supervision (direct and indirect) to less senior physiotherapists and allied health assistants, and provide clinical education to other professions.

Physiotherapists having access to quality clinical education delivered by physiotherapists is essential for safe clinical outcomes, directly impacting their competency and clinical effectiveness. Access to clinical education aims to equip physiotherapists with the necessary skills, knowledge and confidence to maintain and build on the threshold practice capabilities [23] essential for the delivery of safe, high quality physiotherapy practice. In addition to direct benefits impacting clinical care, participating in a minimum of 20 hours of professional development annually is a mandatory requirement to meet the Physiotherapy Board of Australia Continuing Professional Development Standard [29] required for ongoing national registration.

¹ This framework uses a broad perspective of clinical education, including recognition of the skills required by physiotherapists to deliver education to consumers. It is essential for physiotherapists early in their career to recognise where they use, and can develop, education skills and principles in their interactions to foster their identity as an educator. While this directly links to safe and effective care, it also enables a strategic progression of skills to support the delivery of education to students as their career progresses.

Clinical Education: Skills required for learning, teaching & assessment supporting clinical practice

1. Delivery of clinical information and education:

- to patients, families, carers (consumers)
- consumer information resources

2. Delivery of continuing clinical education and professional development:

- to physiotherapists
- in formal clinical educator roles
- to other health professionals & assistants

3. Supporting student clinical placement supervision:

- physiotherapy students
- undergraduate & postgraduate
- overseas trained physiotherapists

4. Supporting clinical supervision of physiotherapists:

- less experienced physiotherapists
- physiotherapists changing scope of practice
- allied health assistants

Figure 2: Components of clinical education.

1. Delivery of clinical information and education to consumers

Effective physiotherapy practice inherently requires strong teaching and communication skills, making the clinician's role one of an educator from the outset. This educational foundation begins with routine consumer interactions, which serve as the first practical application of clinical education. A good physiotherapist-educator combines deep clinical knowledge with the ability to explain clearly, adapt to learners when needed, provide motivation, and check for understanding, all while remaining patient, empathetic, and reflective. These core competencies are supported by structured frameworks, such as the Calgary-Cambridge Model [30, 31], which focuses on essential micro-skills such as information chunking, signposting, and the teach-back method for confirming comprehension.

The educational process revolves around information management and achieving a shared understanding with consumers, whether through teaching a skill, sharing knowledge, or developing information resources. The physiotherapist must tailor the amount and type of information provided, first by assessing the client's existing knowledge, motivations and individual needs. This application of adult learning principles reflects a person-centred model of care [32].

Developing and using high-quality consumer resources is a critical early-stage clinical education skill, to enable the support of diverse health literacy needs and embedding culturally responsive learning. From the outset, the emerging physiotherapist must appreciate that these materials – including written guides, diagrams, or digital platforms – are essential for effective practice. They serve to reinforce learning and aid accurate recall, particularly for clients with varying health literacy, cultural backgrounds, or learning preferences. By incorporating these diverse aids, the physiotherapist ensures educational messages are accessible and consistently delivered, directly supporting consumer self-management and adherence to the plan.

2. Delivery of clinical education and professional development

Clinical education and professional development can be delivered through a variety of educational formats and environments, each designed to optimise learning, interaction, and engagement. Education may take place individually, in small groups, or in larger structured sessions such as workshops, webinars, and in-service programs. Experiential learning is also central, occurring at the bedside, in simulation-based activities, or through case-based discussions and reflective practice sessions. Educational activities are tailored to the needs of diverse audiences, including physiotherapists, students, and other health professionals, acknowledging their varying levels of experience, learning goals, and professional perspectives.

As physiotherapists advance in their careers, often they increasingly adopt the role of educator in the context of professional development, applying learning principles and strategies to facilitate skill development, knowledge transfer, and professional growth in a variety of learners. The transition from experienced clinician to clinical educator can be demanding, particularly in the absence of structured support, highlighting the need for career frameworks that actively develop and acknowledge educator competencies across a professional's career.

2.1 Physiotherapist clinical educator roles

The Allied Health Workforce Educator Role Project Report [33] highlights that the delivery of clinical education and professional development is increasingly recognised as a distinct and specialised function within the allied health workforce. As physiotherapists assume greater responsibility for facilitating educational activities, they are required to build capabilities in mentoring, coaching, assessment, and feedback. These skills match recognised educator competencies. Over time, engagement in education and knowledge translation provides a natural progression into formal, designated educator roles, which strengthens workforce capability, enhances student learning experiences, and contributes to professional leadership and career diversification across allied health [26].

2.2 Physiotherapists delivering education to other health care professionals and assistants

The World Health Organization (WHO) emphasizes that collaborative practice in healthcare relies on health professionals learning with, from, and about each other to provide high-quality, team-based care [34]. Interprofessional education (IPE) is central to this approach, fostering mutual understanding, respect, and effective communication between professions while enhancing consumer outcomes. Importantly, the skills of clinical education used to teach physiotherapists and consumers are highly transferable to interprofessional contexts. These skills enable physiotherapists to contribute meaningfully to shared learning environments, where other professionals can learn from and about them, and they in turn can learn from others. This reciprocal exchange strengthens collaborative practice and enriches the collective expertise of healthcare teams. This aligns with Safer Care Victoria's focus on building workforce capability and promoting consumer safety through effective teamwork and education, which supports the development of competent, collaborative health professionals [35].

3. Student clinical placement supervision²

Transitioning to the role of student clinical placement supervisor requires physiotherapists to adopt an educator-focused professional identity to extend their capabilities as facilitators of adult learning [36]. This transition and the associated responsibilities have been highlighted in the literature for decades, emphasising the complexity and impact of this element of the clinical educator role [26, 37-40]. In Australia, while state-specific legislation and enterprise agreements governing the supervision of students may vary, the responsibility for supervising students on clinical placements is happening earlier for physiotherapists, driven by workforce shifts and increasing graduate demands, despite early career physiotherapists facing their own challenges in work readiness [41, 42].

The quality of student learning in clinical placement settings is directly influenced by the skills and capabilities of the supervising clinical educator, including their ability to manage the multifaceted responsibilities of the role [4, 26, 43]. Recommendations for undertaking formal professional development to upskill in the supervision of students highlight the parallel requirements for competence in both clinical practice and clinical education [44]. However, in Australia, although organisational demands and job descriptions may vary, there are no

² Clinical supervision has its own distinct set of capabilities, as outlined in the Allied Health Clinical Supervision Framework [12]. While conceptually separate from clinical education, it remains a key forum where teaching and learning occur at the point of care. For this reason, it is included in the current document as an important context in which physiotherapists both apply and develop clinical education capabilities in their roles as supervisors and supervisees.

uniform requirements for physiotherapists to take on this role or responsibility, and participation is often based on goodwill, interest, or clinical experience rather than formal qualifications [42, 45].

The clinical education of entry-level physiotherapy students is designed not only to develop practical skills but to ensure that students meet the required threshold standards necessary for professional registration. Physiotherapists educating students play a critical role and must be familiar with the Physiotherapy Practice Thresholds, which serve as benchmarks for professional competence and entry into the profession. In Australia, these minimum practice thresholds are approved and published by the Physiotherapy Board of Australia and Physiotherapy Board of New Zealand [23].

Translating these practice thresholds into observable and assessable clinical capability requires the use of validated, profession-specific assessment tools. Physiotherapy student education incorporates the Assessment of Physiotherapy Practice (APP) tool, a nationally recognised and validated instrument used by clinical educators to assess and develop student performance. This profession-specific tool distinguishes physiotherapy from several other allied health disciplines [46]. While there are shared competencies across health professions, each discipline maintains its own standards of professional practice and assessment tools. Clinical education is shaped by the unique contexts, expectations, and professional identities of each health discipline, which influence how learning and assessment are structured and delivered. These profession-specific tools support the development of expertise within disciplines while also contributing to broader interprofessional learning and collaboration.

4. Clinical supervision of physiotherapists

The Allied Health Professionals (Victorian Public Sector) Enterprise Agreement 2021-2026 [47] outlines the employment conditions for physiotherapists working in the public sector. Clinical supervision is required for all physiotherapists working in the public sector under the agreement.

Clause 89 Supervision and Management (page 174) stipulates:

‘The Employer will ensure all Employees receive clinical supervision’.

‘Clinical supervision refers to structured professional support such as:

- (i) the provision of advice and feedback on clinical matters relating to their profession;*
 - (ii) reflective practice;*
 - (iii) teaching and learning (both direct and indirect) at point-of-care; and*
 - (iv) facilitation of professional development;*
- which may be internal or external.*

In the Victorian public health sector context, Grade 1 and 2 physiotherapists must be clinically supervised by an Employee in their own profession from a higher grade (Clause 89.2, AHPs Enterprise Agreement 2021-2026). Grade 3 physiotherapists must be supervised by an appropriately qualified and clinically appropriate Allied Health Professional, while Grade 4 physiotherapists performing clinical work must be clinically supervised by an appropriately qualified and clinically appropriate Allied Health Professional or Doctor of Medicine (Clause 89.4).

Professional clinical supervision is a structured and supportive learning process designed to enhance the knowledge, skills, and professional growth of health practitioners, with the broader goal of improving consumer care. From an education perspective, supervision extends beyond managerial oversight and accountability to include reflective practice, active learning, and facilitated professional development [12, 48]. The educative function of supervision promotes the development of self-awareness, integration of theory into practice, and the refinement of professional reasoning and ethical decision-making.

Research in physiotherapy contexts reinforces the educational importance of clinical supervision. Snowdon et. al [11] found that physiotherapists perceive supervision as most effective when it focuses directly on professional skill development – both clinical and non-clinical – and is responsive to individual learning needs. Similarly, Osiurak et al. [49] identified that the perceived educational benefit of supervision drives participation, suggesting that frameworks are most impactful when designed to prioritise learning, reflection, and skill advancement.

Aims and objectives

The published research and interest expressed from the physiotherapy profession highlights the need for greater consistency in development and delivery of clinical education for, and by physiotherapists. Capability building to deliver effective clinical education and to develop career pathways to become recognised clinical educators has been identified as an unmet need for physiotherapists in Victoria.

The aims and objectives of the Framework, developed specifically for Victorian physiotherapists delivering clinical education, were to provide a resource that enables them to recognise, develop and progress their skills, knowledge and capabilities as educators, including as clinical supervisors and effective health professionals.

‘If you look behind every exceptional person there is an exceptional teacher.’

Stephen Hawkins (Theoretical physicist, cosmologist, and author)

Purpose

The purpose of this Framework is to provide structured guidance for physiotherapists to recognise and develop capabilities in clinical education across the continuum of their careers. It recognises the essential role of providing clinical information and education to consumers using effective teaching theory as well as the delivery of clinical education to students, physiotherapists and other health professionals. The Framework recognises that all physiotherapists have a professional obligation to support the learning and development of others.

This Framework can be used to help physiotherapists assess their capabilities and develop targeted learning and development plans to address gaps, supporting the progression of skills needed to deliver effective clinical education.

This framework is underpinned by the need to:

- Support understanding of the scope of clinical education
- Support understanding of designated clinical educator roles
- Define clear terms/terminology given the variability across the literature and research
- Identify the skills and capabilities associated with delivery of clinical education, which are often under recognised
- Support self-assessment, self-directed learning and transferable evidence of progress
- Recognise the importance of peer support, mentorship and role modelling
- Recognise the importance of developing a skill set helps deal with conflicting demands and encourages advocating for the time required.

Audience

This Framework is intended for the use of all physiotherapists (with and without a designated clinical educator role), and to support managers, leaders and organisations in championing clinical education.

Table 1: Examples of different uses for the framework

Who's it for?	How can it be used?
Individual physiotherapists (in all roles) committed to developing themselves as educators across the spectrum of their career	- Guiding recognition and development of clinical education competencies across a scope of activities. - A tool for self-assessment - Supporting clinical education continuing professional development (CPD) conversations - Facilitating physiotherapists pursuing or developing a career pathway in clinical education
Physiotherapists in designated clinical educator roles	Providing a framework for the structured development of others
Physiotherapy Managers and Allied Health leaders	- Supporting activities for professional development for physiotherapy teams/departments linked back to the capabilities in the Framework - Championing a structured approach for adequate resourcing (including time and staffing) to support effective clinical education and the capability development of physiotherapists including clinical educators. - Setting expectations relating to clinical education and/or clinical educator roles, (for example: development of position descriptions etc)
Organisations committed to supporting physiotherapy clinical education development	- Highlighting the role of education as a fundamental pillar supporting delivery of safe effective care - Building an organisational culture that promotes structured educator workforce development.

‘...all physiotherapists are already delivering education to a variety of audiences daily, be that colleagues, students, clients...’
(physiotherapist, focus group participant)

Alignment

The Framework is aligned with key national and international standards, policies, guidelines and relevant competency frameworks that underpin physiotherapy and allied health education and practice. These are described in Table 2.

Evidence of clinical competency frameworks in physiotherapy both internationally [50] and in Australia [51, 52] demonstrate examples of profession-specific competencies on workforce development and advancement.

The Framework also reflects broader healthcare priorities, including interprofessional education, cultural safety, consumer-centred care, and workforce pipeline sustainability as outlined in national health strategies and policy documents. Together, these supporting documents provide the foundation upon which this framework is built, ensuring relevance, credibility, and consistency across the Victorian healthcare sector.

Table 2: Aligning Resources and Frameworks

Physiotherapy	
<u>Physiotherapy Practice Thresholds in Australia and Aotearoa New Zealand (2023) [23]</u>	The physiotherapy practice thresholds describe the threshold competence required for initial registration and continuing practice as a physiotherapist in both Australia and Aotearoa New Zealand.
<u>Physiotherapy Board of Australia Continuing Professional Development Registration Standard (2015) [29]</u>	This registration standard sets out the Physiotherapy Board of Australia's minimum requirements for continuing professional development (CPD) for Physiotherapists. Physiotherapists must complete a minimum of 20 hours of CPD each year and maintain a professional practice portfolio.
<u>Australian Physiotherapy Association Physiotherapy Competence Framework (Version 7.1 2023) [16]</u>	The competence framework is to support and enhance the practice of qualified physiotherapists by providing explicit statements to guide professional development. The performance statements reference Australian standards in safety and quality in healthcare and promote contemporary practice across the diversity of areas in which physiotherapists work.
<u>Physiotherapy Clinical Educator Development Pathway – Queensland Health [53]</u>	A structured pathway aiming to enhance the quality of clinical education delivered to physiotherapy students within the Queensland public health service. The pathway guides physiotherapists supporting students through a continuum of expertise including self-evaluation tools and resources.
<u>The Chartered Society of Physiotherapy Career Framework (2024) - UK [54]</u>	A UK-based resource that aims to support individuals, managers, and organisations to identify the learning and professional development needs of physiotherapists across the whole career span. The four pillars of practice - clinical practice, leadership/management, research, education/facilitation of learning, are described across career stages.

Allied Health

Victorian Allied Health Career Pathways Blueprint (2017) [55]

The blueprint guides the strategic development of allied health career pathways at system, organisation and individual allied health professional levels. It fosters allied health career development and progression opportunities by creating and enabling an environment where the full potential of allied health professionals is understood and realised. Included is a career pathway for AHPs employed in clinical educator roles.

Allied Health Professional Educator Career Framework, Council of Deans Health, (2023), UK [56]

This framework is an outcome-based career framework describing the knowledge, skills and behaviours required to be an effective teacher, facilitator of learning, supervisor and role model in AHP education in practice and formal education settings. It is designed to be inclusive of all AHPs, in all settings and across all career grades. It is designed to promote education as a pillar of AHP professional practice, that is flexible and non-linear, and encourages the recognition that education is everyone's responsibility.

The Digital Health Capability Framework for Allied Health Professionals (2022) [57]

The digital health framework aims to outline knowledge and behaviours required for safe, effective allied health practice in digitised health care environments. In addition, it articulates a pathway for allied health professionals pursuing a career in digital health and clinical informatics.

Victorian Allied Health Credentialing, Competency and Capability (CCC) Framework (2014) [58]

The allied health CCC framework provides guidance to allied health managers and clinicians in developing structures and processes needed to build an effective workforce through:

- appropriate selection, recruitment and training of staff
- maintenance of professional standards, and monitoring scope of practice.

In addition, the framework provides a platform to ensure the safe introduction of new models, therapies, procedures and roles, including expanded scope of practice.

Victorian Allied Health Clinical Supervision Framework (2019) [12]

The clinical supervision framework provides a consistent statewide approach to clinical supervision with the aim of maintaining highly skilled and sustainable health and community services workforce; and to ensure clinical supervision is better understood, accepted and practiced.

Allied Health Professionals (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2021-2026 [47]

The enterprise agreement that outlines the terms and conditions of employment for physiotherapists employed in the Victorian Public Health Sector. Clinical educator roles are defined at a Grade 3 and 4 classification and clinical supervision is required for all physiotherapists working clinically.

NSW Allied Health Educator role report (2024) [33]

The educator needs of the New South Wales Health allied health workforce are outlined in this report. It offers insight regarding a variety of educator roles within Allied Health and the practical next steps needed for implementation within NSW Health.

Education and Training Sector

Best Practice Clinical Learning Environment (BPCLE) Framework (2023) [59]

The BPCLE Framework is a guide for health and human services organisations, in partnership with education providers, to coordinate and deliver high-quality training for learners.

The BPCLE Framework was developed to ensure positive education cultures are created and maintained and to help organisations improve the student experience through strategies and mechanisms that monitor the quality of the education environment.

The framework identifies 6 key characteristics of high-performing learning environments:

1. An organisational culture that values learning.
2. Best practice clinical practice
3. A positive learning environment
4. An effective health service – education provider relationship
5. Effective communication processes
6. Appropriate resources and facilities.

The Healthcare Educator Capability Framework (2024) [60]

This framework, published by the Victorian Health Education Leaders Network, is designed to articulate the scope of educational practice in a healthcare setting and provide a stepped pathway to developing capability for those specialising in healthcare education. The framework describes four proficiency levels (foundational, consolidating, accomplished and leading). The framework describes six capability domains illustrating the knowledge, skills and ability required for effective performance at each level as described by Sidhu et al (2023) [6].

Methodology/framework development

The Framework was developed through the analysis of published literature and extensive consultation with Victorian physiotherapists and allied health clinical education experts. Qualitative and quantitative data was captured to explore the opinions of key stakeholders.

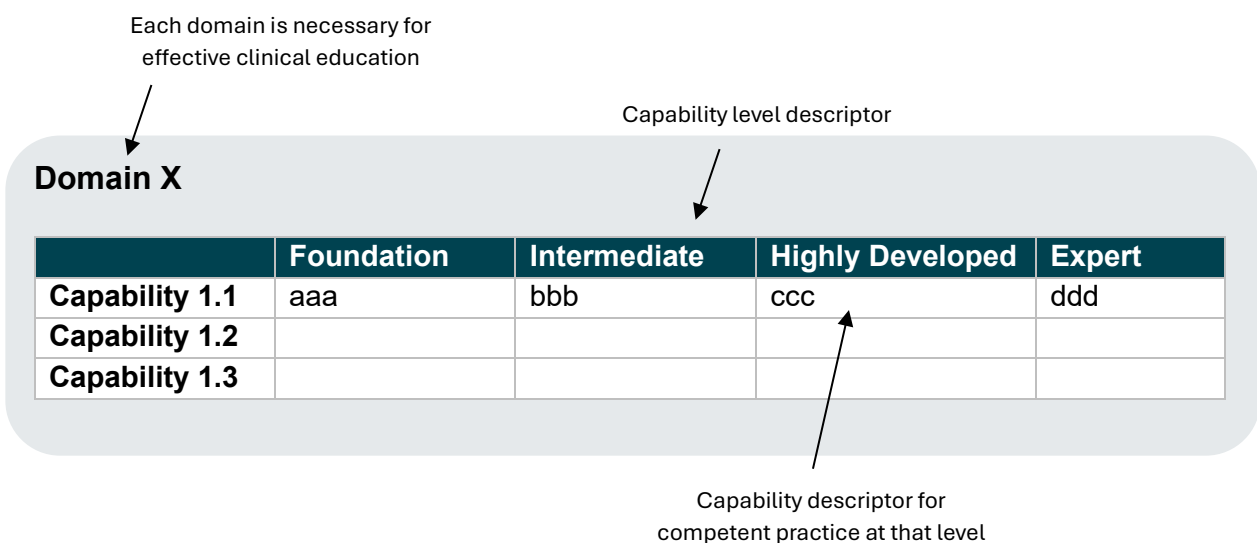
Activities	Description
1. Literature review	A structured search of the published and grey literature was undertaken to identify boundaries for the framework (including scope of clinical education, the range of competencies and underpinning policies).
2. Online, anonymous, voluntary survey	A survey was distributed to physiotherapists who deliver clinical education to students and physiotherapists in public health settings across Victoria. The survey is designed around the domains of health professional educator competence outlined by Sidhu et al. [6]. Competencies within the domains are drawn from the findings of Gibson et al. (2019), Hesketh et al. (2001) and Sidhu et al. (2022) [4-6]. [Survey overview - Appendix 1]
3. Focus groups	Physiotherapists participated in focus groups to explore their perspectives of clinical educator capabilities and competencies required of physiotherapists across the continuum from a foundational to expert level. [Focus group overview- Appendix 1]
4. Further stakeholder consultation	Key stakeholders reviewed the final framework for testing and feedback to ensure the framework was clear, user friendly and applicable.

Overview of the Framework

The Framework has six key domains. Each domain describes a range of capabilities that are central to providing effective clinical education (Figure 3). Descriptors for each capability are given across a range of skill development from foundation to expert (Figure 4).

The relevance of domains and capabilities varies across the skill development continuum. The framework is designed to support self-directed, non-linear progression, relevant to the varying needs and capabilities of individuals.

For each domain, activities have been listed appropriate for each capability level descriptor and a resource list to facilitate learning and development.



Activity Plans & Recommended Resources

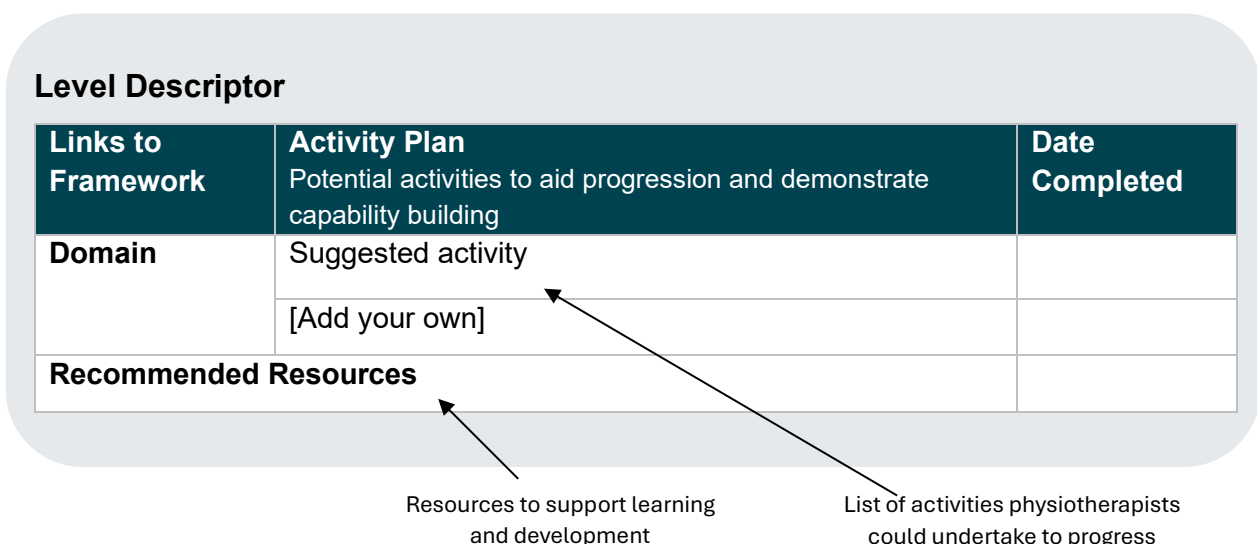
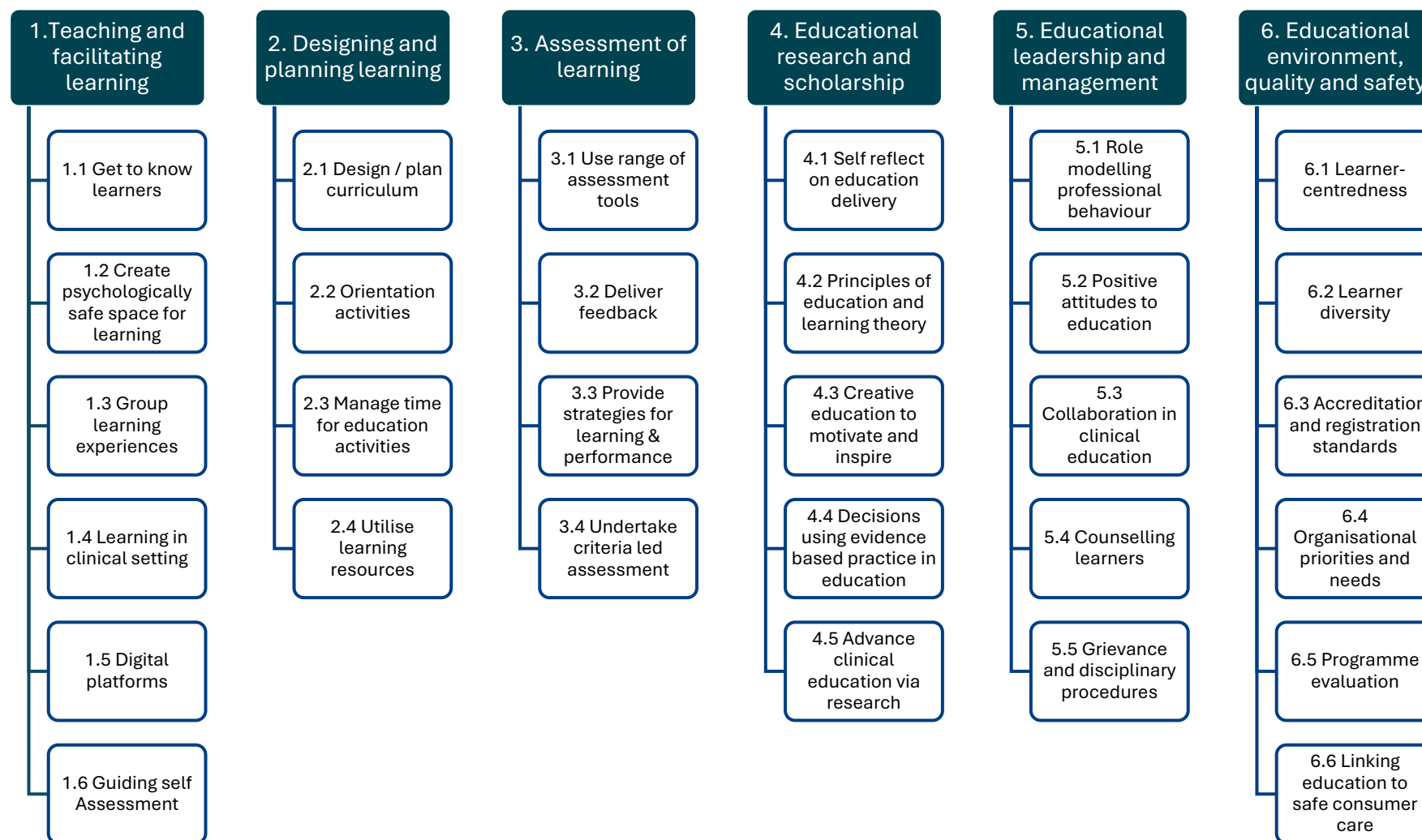


Figure 3: Overview of domain tables, activity plans and recommended resources.

Structure of the Framework



Capability level descriptors

Capability refers to the ability to integrate multiple technical and non-technical competencies and skills in different contexts and settings. It is the combination of skills, knowledge, values and self-esteem which enables individuals to handle change [8].

The capability level descriptors used in this Framework have been guided by the APA Physiotherapy Competence Framework [16] and the Allied Health Career Pathways Blueprint [57]. The levels relate to the progression of increasing autonomy, complexity, level of influence, and effectiveness in the delivery of physiotherapy clinical education. The four levels of capability are: Foundation (gaining experience), Intermediate (further skills and knowledge), Highly Developed (becoming an expert), and Expert (acknowledged leader). Level descriptors relating to the provision of clinical education have been adapted in response to feedback from survey and focus group participants (Figure 4).



Figure 4: Clinical education descriptors for each capability level.

How to use the Framework (individual physiotherapists)

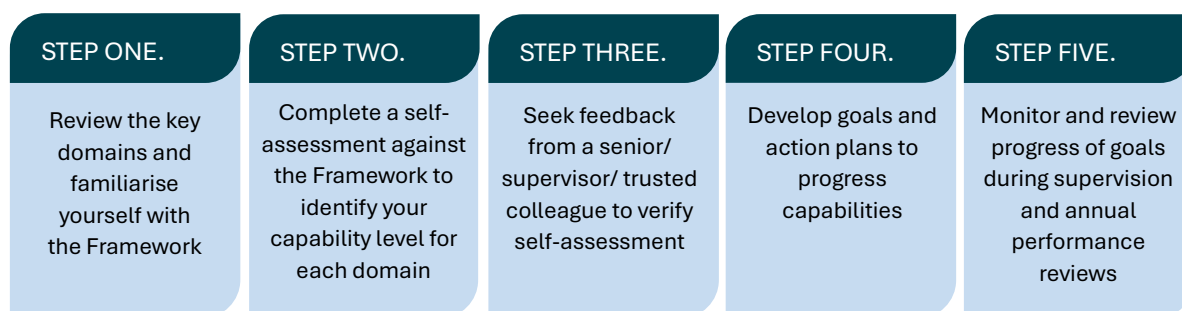


Figure 5 – Steps to engage with the framework

Progress against the framework capabilities may not be linear. Physiotherapists may enter the pathway with a variety of clinical and non-clinical experience, leading to a range of capabilities across and within domains.

A radial graph (spider diagram - Appendix 2 and resource pack) can be used to visualise capability levels in different domains. Activity plans (editable versions available in the resource pack) and indicative resources provide suggestions to assist progression across the capability descriptors.

Evidencing progression:

Feedback from end users highlighted that clinical education skills are frequently acquired through a range of non-formal learning experiences [Appendix 1]. As such, milestone progression can recognise evidence from both formal and informal activities within a portfolio structure. Examples of formal and informal activities are outlined in Table 3.

Table 3: Using a portfolio to evidence learning.

	Education focused informal learning			Education focused formal learning		
Examples	Mentoring or shadowing colleagues	Peer review, community of practice	Audits, journal club, quality improvement and research activity	University modules, short courses, programs of study	Workshops and clinical skills sessions	Conferences, webinars, or symposia
Accreditation	Non-accredited			May be accredited or non-accredited		
Examples of potential evidence	Feedback, case studies, reports, publications, professional practice portfolio			Certificates, transcripts, documented learning outcomes		
Reflective practice	Reflections should integrate evidence from multiple sources and interpret progress against competency domains					

For physiotherapists early in their careers, educator development is often grounded in non-accredited and informal learning activities. Recognising and articulating educator skills is an essential component of development, as these skills are frequently embedded and implicit within day-to-day interactions. Making this explicit requires reflection and critical analysis to demonstrate, evaluate, and further develop understanding of educational principles.

Physiotherapists progressing through the milestones are encouraged to leverage professional development opportunities to undertake formal qualifications in education. Progression can be supported by participation in clinical-education oriented networks and special interest groups. For broader professional guidance, individuals are recommended to go to Appendix 2 of the Allied Health Career Pathways Blueprint [55].

Individuals stepping into designated clinical educator roles are also encouraged to review the Healthcare Educator Capability Framework (2024) [60].

Reflective practice:

A record of reflective practice underpins the development of a portfolio of evidence, placing educational skills within the broader context of experience and evidencing analysis and application of skills.

AI platforms are one example of a tool that can be used to facilitate reflective practice. Ethical considerations and best practices should be adhered to including consideration of privacy, data security, accountability, bias and transparency.

Resources:

Appendix 2: Radial graph (spider diagram). This chart can be used to provide a visual representation of progression across milestones for each domain.

Developing a portfolio	Physiotherapy Board: Continuing professional development guidelines Chartered Society of Physiotherapy (UK): Keeping a CPD portfolio
Reflective practice	Kolb's reflective learning process
Use of AI	Ahpra: Meeting your professional obligations when using Artificial Intelligence in healthcare

Domain 1: Teaching and facilitating learning

The **Teaching and Facilitating Learning** domain encompasses the knowledge, skills, and attitudes required to create inclusive, psychologically safe environments that support learner engagement and achievement. Clinical educators demonstrate the ability to assess learner needs, facilitate individual and group learning, integrate digital technologies, and promote reflection and self-assessment. Progression through developmental milestones reflects increasing adaptability, innovation, mentorship, and leadership in clinical education.

	Capability	Foundation	Intermediate	Highly Developed	Expert
1.1	Create opportunities to get to know learners and establish group norms.	Demonstrates an interest in understanding learners by gathering information about their background and needs.	Uses structured approaches to identify learner needs and abilities, collaborates with learners to set goals and expectations that guide the clinical education process.	Systematically integrates learner understanding to tailor clinical education, adapting learning environments to diverse learner profiles.	Leads and supports educators in developing inclusive and responsive learning environments based on understanding of diverse learner profiles and contexts.
1.2	Create a psychologically safe environment for learning whilst upholding consumer safety (such as, but not limited to, supporting learning from challenging situations, active listening, fostering respect and trust, demonstrating inter-professional and inter-cultural competence).	Models reflection and learning from challenges, building skills to support learners in reflecting on errors in a respectful and supportive manner.	Creates a psychologically safe learning environment where learners are supported to take appropriate risks, reflect and develop from errors.	Enables openness and vulnerability from all learners; actively intervenes to protect the psychological safety of the learning environment across a range of situations including group, online and bedside learning settings.	Influences policy and culture to embed psychologically safe learning across educational and clinical systems. Mentors others to promote a culturally responsive environment.
1.3	Facilitate group learning experiences (such as, but not limited to, tutorials, case-based discussions, consumer education, workshops, seminars, lectures).	Demonstrates skills in leading small group learning sessions using prepared materials.	Contributes to the design and facilitation of interactive and learner-centred group sessions in varying contexts and settings.	Designs and facilitates high-impact group learning environments, integrating a range of education strategies to support the needs of diverse learners.	Leads innovation and capacity-building in group education; mentors others, evaluates impact, and advances andragogical practice across programs or institutions.

1.4	Facilitate learning in a clinical setting (such as, but not limited to, bedside teaching, clinical skills assessment).	Delivers clinical education and information appropriate to role, applying structured approaches, such as teach back, to enhance understanding.	Facilitates structured, learner-centred teaching during clinical care; uses feedback and questioning to develop learners' skills and reasoning.	Embeds teaching within the clinical workflow to support development of both technical and non-technical skills; uses strategies to challenge and extend learners.	Leads innovation in clinical teaching approaches. Mentors other educators in optimising learning in practice-based settings and contributes to systemic educational improvement.
1.5	Select and use digital platforms effectively to teach online and/or asynchronously.	Uses basic digital platforms to support online or asynchronous learning. Demonstrates awareness of platform functions and educator responsibilities online.	Selects appropriate digital platforms to facilitate structured, engaging online or asynchronous sessions.	Integrates digital learning into the broader clinical education strategy and optimises learner experience across digital platforms.	Leads innovation in digital teaching and learning. Mentors others in using digital platforms effectively and advocates for equity, quality, and engagement in online education.
1.6	Guide learners to self-assess their skills and identify opportunities for learning.	Demonstrates structured reflection and self-review. With guidance, supports learners in identifying their own learning needs.	Facilitates structured self-assessment using frameworks or tools. Supports learners to link self-assessment with specific, achievable goals.	Embeds learner reflection and goal setting into ongoing learning. Supports learners in refining self-assessment skills and developing independent learning strategies to maximise goal attainment.	Develops or leads strategies, resources, or programs that foster reflective practice and self-directed learning at scale. Mentors educators in developing reflective capability in others to promote personalised learning and goal achievement.

Domain 2: Designing and planning learning

The domain **Designing and Planning Learning** encompasses the knowledge, skills, and attitudes required to effectively plan and deliver clinical education. This includes understanding learner needs, implementing effective orientation processes, managing time efficiently, and integrating supportive resources. Clinical educators demonstrate skills within this domain that enable structured, responsive learning experiences tailored to diverse clinical contexts. Progressing from foundation to expert levels involves moving from observation and participation in learning activities designed by others to leading innovative program design, demonstrating independence, and contributing to the strategic development of clinical education.

	Capability	Foundation	Intermediate	Highly Developed	Expert
2.1	Design and/or plan a curriculum that meets the educational needs of the individual or group, informed by needs analysis.	Participates in the delivery of learning activities designed by others. Reflects on the importance of curriculum and its relationship to learner outcomes. Participates in informal needs identification through observation and discussion.	Plans or adapts education content or structure to suit specific learner or group needs, using defined learning outcomes and evidence-based approaches.	Plans and designs curriculum across a broad scope of contexts and learner needs, using adult learning theories. Supports others in tailoring learning opportunities to meet learning outcomes.	Leads strategic curriculum design ensuring alignment with workforce, accreditation, and diversity of learner priorities.
2.2	Ensure appropriate integration of orientation or on-boarding activities to support learning.	Participates in orientation delivery and reflects on its importance for learner safety, role clarity, and confidence.	Independently delivers structured, relevant, psychologically safe and culturally responsive orientation tailored to learner needs.	Leads development or improvement of orientation processes across teams or services. Designs on-boarding materials and supports other educators.	Shapes system-wide on-boarding strategy. Leads initiatives to embed inclusive, trauma-informed, and learner-centred on-boarding at organisational or wider level.
2.3	Manage time efficiently (such as, but not limited to, the development of education, preparation time, and pre-communication with learners).	Reviews strategies to balance competing clinical and educational workloads with senior staff Reflects on the preparation and structure of education activities.	Consolidates skills in efficient preparation and delivery of clinical learning experiences with increasing independence. Adapts to changing priorities while supporting learners.	Anticipates time challenges in complex environments. Demonstrates timely and innovative planning and delivery. Supports others in managing their time and priorities.	Leads adaptive and sustainable practices across clinical education systems for time-effective education delivery in unpredictable environments.
2.4	Develop, and/or make best use of, learning resources (such as, but not limited to, clinical support tools, videos, guidelines, websites, virtual reality, artificial intelligence and simulation-based education tools).	Uses a range of learning resources to support learner engagement during clinical education.	Selects, integrates, and adapts learning resources based on learner needs and education objectives. Supports others in the use of learning resources.	Designs, implements, and evaluates learning resources. Builds educator capability to integrate a range of learning resources in education.	Leads development, strategic integration and sharing of learning resources. Champions systemic investment and culture to support equitable access and sustainability of learning resources.

Domain 3: Assessment of learning

The **Assessment of Learning** domain focuses on the effective use of assessment tools and strategies to monitor and support learner progress. Clinical educators refine their skills in providing constructive feedback and promoting learner-driven improvement in both performance and consumer care. Advancement within this domain is demonstrated through the capacity to conduct meaningful assessments and foster a culture of continuous improvement in clinical education and practice.

	Capability	Foundation	Intermediate	Highly Developed	Expert
3.1	Select and use a range of assessment tools to measure learner performance, identify strengths and areas for improvement.	Observes and, with support, contributes to the use of assessment tools, including the Assessment of Physiotherapy Practice (APP) instrument.	Independently uses data from multiple sources, including standardised assessment tools. Interprets data and results to identify learner strengths and areas for improvement.	Critically evaluates, selects and uses a broad range of assessment tools to identify underlying causes of learner challenges and inform learning support adjustments.	Provides system-level leadership of assessment through development of policies, tools or training to optimise learner assessment and identification of strengths and areas for improvement.
3.2	Deliver feedback based on learner performance, gathering information from other sources when required.	Provides feedback using clear communication. Builds familiarity with feedback models, seeking input from colleagues when unsure.	Delivers balanced feedback to support growth, incorporating feedback models and principles to guide delivery. Encourages learners to interpret and act on feedback.	Facilitates reflective feedback conversations incorporating diverse perspectives. Supports others to apply and adapt evidence-based feedback models.	Designs and leads organisational feedback systems that incorporate multisource data. Trains other educators in effective feedback delivery and mediation.
3.3	Provide learners with strategies to extend or improve performance, or address learning needs.	Where appropriate, offers simple, practical suggestions to support learner development, including encouraging self-reflection.	Develops and tailors strategies to learner needs, including study skills, clinical reasoning exercises, and reflective practice. Supports learners to apply strategies independently in a range of contexts.	Facilitates learners through complex challenges using evidence-based approaches. Integrates multiple strategies such as simulation, peer-assisted learning, and technology applications.	Leads innovation in learner development strategies across programs or organisations. Evaluates and disseminates best practices in performance improvement.
3.4	Undertake assessment sensitively, using established performance criteria to communicate progress.	Builds familiarity with key assessment types (including formative, summative and programmatic) and feedback mechanisms.	Independently plans and conducts assessments using established performance criteria that aid learning. Interprets assessments to make fair judgements on learner progress, seeking feedback and support as required.	Designs assessments that are learner-centred and tailored to individual needs. Analyses feedback and assessment outcomes to identify trends and areas for improvement in clinical education practices.	Influences organisational policies and training for best-practice assessment methods. Leads innovative strategies to improve assessment inclusivity, validity, and effectiveness.

Domain 4: Educational research and scholarship

The **Educational Research and Scholarship** domain centres on advancing the science and practice of clinical education through the systematic study of teaching and learning. Reflective practice (evaluating one's strengths and areas for growth) supports progression through developmental milestones. Mastery within this domain is demonstrated through the application of learning theory, engagement with evidence, and leadership in innovation, research, and scholarly inquiry.

	Capability	Foundation	Intermediate	Highly Developed	Expert
4.1	Reflect upon and be aware of own strengths and weaknesses when delivering clinical education.	Recognises own educational strengths and areas for growth. Engages in informal reflection and discussion to develop self-awareness. Apply simple strategies to address gaps.	Regularly reflects on own strengths and limitations to inform clinical education practice. Actively seeks opportunities to improve and uses feedback to identify development needs.	Critically appraises own education practices. Integrates multiple data sources (eg, learner feedback, peer review) to further enhance self-awareness.	Leads scholarly activities for clinical educator development. Champions reflective practice and supports others in growth and self-awareness.
4.2	Understand principles of education and learning theories and justify application.	Demonstrates an understanding of key educational principles and major learning theories (eg, adult learning, scaffolding, experiential learning) and applies them in familiar contexts.	Utilises a range of educational principles and learning theories in the delivery of clinical education, providing justification for their use. Critically discusses links between theory and practice in clinical education.	Develops and tailors educational interventions based on sound theoretical reasoning. Evaluates and adapts in response to impact on learning outcomes.	Mentors and guides others in the application and justification of educational principles. Contribute to the development of organisational education frameworks grounded in theory.
4.3	Recognise the creative element in clinical education which motivates and inspires learners.	Appreciates the role of creativity in teaching and uses simple, engaging methods to motivate learners.	Intentionally integrates creative teaching strategies (eg, storytelling, problem-solving, role-play) to enhance learner motivation and engagement.	Develops innovative educational experiences (eg, gamification, team challenges, video review and analysis) combining creativity with evidence-based practice to inspire learners and foster deep learning.	Champions creativity in clinical education at organisational or sector level. Leads research or scholarship exploring pedagogy and novel methods in clinical education.
4.4	Make decisions using the best available evidence-based practice in education.	Uses available research and guidelines to inform basic clinical education decisions, seeking guidance as appropriate.	Critically appraises and integrates current evidence to inform educational decisions.	Leads evaluation and adaptation of education practices based on transparent and robust review of evidence. Supports peers in evidence-based education practice.	Champions organisational or sector-wide adoption of evidence-based educational practices. Leads research and scholarship in clinical education.
4.5	Advance the science and practice of clinical education through research.	Demonstrates basic understanding of research principles. Participates in clinical education research activities under supervision.	Actively contributes to clinical education research projects. Applies research findings to improve teaching and learning practices.	Leads research projects in clinical education. Disseminates findings through publications or presentations. Supports research capacity building.	Provides strategic leadership for advancing clinical education research regionally or nationally. Influences policy and practice.

Domain 5: Educational leadership and management

The **Educational Leadership and Management** domain encompasses the capabilities required to effectively lead and support individuals and teams of educators. It includes fostering collaboration, professionalism, recruitment, role modelling, coaching, and mentoring. Across all developmental milestones, the focus remains on cultivating professional behaviours, promoting positive learner attitudes, and advancing leadership and administrative skills consistent with increasing responsibility and scope of practice. These capabilities are underpinned by leadership and management practices that foster psychological safety, support continuous learning, and promote the wellbeing of educators and learners.

	Capability	Foundation	Intermediate	Highly Developed	Expert
5.1	Role model professional behaviours for learners, including, but not limited to, integrity, honesty, ethical practice, and respect of professional boundaries.	Demonstrates awareness of professional behaviours (eg, employee code of conduct, organisational values, registration body) and the importance of consistently modelling these.	Consistently exemplifies professional behaviours and actively encourages learners to uphold these standards. Addresses gaps in practice in learner's professionalism when observed.	Champions a culture of professionalism across teams. Supports learners and educators in ethical practice and professional boundaries/responsibilities.	Leads organisational policies and culture promoting professional behaviours. Influences standards and ethics at sector level.
5.2	Advocate for education and positive attitudes toward learners.	Recognises the importance of supporting learners and speaks positively about being involved in clinical education.	Actively promotes the value of education and positive learner engagement within teams and departments. Addresses negative attitudes toward learners or education, when observed.	Leads initiatives to build a culture that values education and supports learners. Influences policies and practices positively.	Champions education and learner advocacy at organisational and sector levels. Shapes systemic policies that promote learner-centred cultures and attitudes.
5.3	Promote a collaborative and interprofessional approach to clinical education.	Demonstrates understanding of interprofessional collaboration and interprofessional education.	Actively fosters interprofessional collaboration and shared learning experiences.	Leads development of interprofessional education programs and promotes collaborative culture within teams.	Provides strategic leadership in interprofessional clinical education at organisational or system level. Influences policy and sector standards leveraging interprofessional networks and collaborations.

5.4	Counsel learners on a range of matters.	Builds trust to provide basic guidance and support to learners. Recognises when to seek additional support.	Provides counselling on academic, clinical, and professional development issues commensurate with role. Supports learners through challenges and guides goal-setting.	Offers comprehensive counselling including conflict resolution, career guidance, and managing complex personal or professional issues impacting clinical education. Supports other educators with counselling learners.	Develops policies and programs for counselling and wellbeing appropriate for clinical education across the organisation or sector.
5.5	Follow appropriate grievance and disciplinary procedures in relation to the supervision of learners.	Understands the organisation's grievance and disciplinary procedures in relation to clinical education. Responds to concerns appropriately by seeking advice and referring to relevant policies.	Applies grievance and disciplinary procedures with consistency, equity, and fairness. Manages concerns with professionalism and discretion and escalates appropriately when required.	Supports others in navigating procedures and advises on complex cases within a varied scope of clinical education contexts. May contribute to resolution processes in grievance and disciplinary matters.	Provides strategic oversight of grievance and disciplinary policy & procedure development to support clinical educators and learners. Leads initiatives to ensure ethical, transparent, educator and learner-safe environments.

Domain 6: Educational environment, quality and safety

The **Educational Environment, Quality, and Safety** domain focuses on developing and sustaining inclusive, learner-centred clinical environments aligned with physiotherapy and organisational standards. It emphasises the integration of consumer safety and quality care as core elements of clinical education, recognising their role in supporting safe, ethical, and effective practice. Clinical educators at all levels demonstrate leadership and advocacy to embed safety, equity, and quality within the culture of clinical education across local, organisational, and system contexts.

	Capability	Foundation	Intermediate	Highly Developed	Expert
6.1	Demonstrate learner-centredness through advancing learner's wellbeing.	Respects and supports learners as individuals. Demonstrates basic awareness of learner wellbeing.	Applies strategies to promote learner wellbeing and recognises when additional support is required. Support learners to develop their professional identity.	Designs and implements initiatives to foster learner wellbeing and professional development. Supports teams in embedding learner-centred approaches.	Leads system-wide efforts to embed learner-centredness in educational culture and policy. Champions wellbeing at strategic levels.
6.2	Demonstrate sensitivity and responsiveness to learner diversity including ability, disability, gender, age, culture, ethnicity & sexual identity.	Acknowledges and respects individual learner differences. Recognises own biases and demonstrates inclusive behaviours.	Applies inclusive teaching strategies to respond to learner diversity. Identifies and addresses barriers to learning that are related to diversity.	Designs, leads and supports colleagues in inclusive education practices and addressing diversity-related barriers to learning.	Champions system-wide strategies to embed equity and inclusion in clinical education.
6.3	Align clinical education with appropriate accreditation and registration standards.	Demonstrates awareness of accreditation and registration requirements relevant to physiotherapy and clinical education.	Applies physiotherapy accreditation and registration standards to clinical education planning, delivery and assessment.	Leads clinical education programs to meet accreditation and registration requirements.	Influences national or sector-wide accreditation and regulatory policy. Provides strategic guidance on compliance and quality assurance in clinical education.
6.4	Align clinical education with organisational priorities and training needs.	Understands the link between clinical education and service delivery goals.	Plans educational activities that support team, departmental, or service training goals. Communicates the link between training and service or organisational goals to stakeholders.	Leads educational initiatives that support workforce development aligned with organisational needs and strategies.	Shapes strategic planning for clinical education across the organisation or sector. Aligns educational policy and investment with workforce capability needs.

6.5	Perform evaluation of a program of learning and/or review curriculum.	Participates in basic evaluation activities including data collection and providing feedback on experiences.	Conducts evaluations using standard tools and frameworks. Reviews and modifies components of clinical education based on the evaluation.	Applies theoretical understanding to lead formal program evaluations and curriculum reviews.	Oversees large-scale evaluation programs and/or curriculum reforms at department, organisation, or sector level.
6.6	Explicitly highlight links between clinical education and safe consumer care.	Recognises how quality clinical education contributes to safe care. Reinforces basic safety practices during clinical education in practice.	Integrates consumer safety concepts into educational practice. Helps learners reflect on how their development impacts safety and quality.	Develops initiatives that integrate consumer safety education into programs and curricula. Supports staff to make education and safety links explicit.	Influences organisational or system-wide education policies that link learning to safety and quality outcomes. Advocates for embedding clinical education in safety and quality governance.

Case studies

The following case studies broadly align with the overall capability level descriptors. In practice, capability development is not linear, and variation across levels is expected in different domains.

Case example 1. [Foundation]

Aarin, a first-year graduate physiotherapist working in a regional health service, delivers the education component of a hybrid (in-person and online) pulmonary rehabilitation group. Drawing on **(Domain 1 – Teaching and facilitating learning)**, they use interactive questioning and demonstrations to engage participants in learning about breathing techniques. Through **(Domain 2 – Designing and planning learning)**, Aarin modifies a structured session plan adaptable for both face-to-face and virtual delivery. Applying **(Domain 3 – Assessment of learning)**, they use short quizzes and participant reflections to assess understanding. Guided by **(Domain 4 – Educational research and scholarship)**, Aarin reviews current literature on virtual pulmonary rehab education to refine their approach. Demonstrating **(Domain 5 – Educational leadership and management)** and **(Domain 6 – Educational environment, quality and safety)**, Aarin collaborates with senior clinicians to improve program quality, ensuring safe, inclusive, and evidence-informed education for all participants.

Case example 2. [Intermediate]

Alex, a senior physiotherapist and student supervisor in a major metropolitan ICU, observes their student preparing to assess a ventilated patient. Before proceeding, Alex pauses the session to discuss the importance of informed consent, explaining the ethical principles of autonomy, beneficence, and respect for persons. Drawing on **(Domain 1 – Teaching and facilitating learning)**, Alex uses questioning and reflection to help the student consider how consent is gained when a patient is sedated or has limited communication. Applying **(Domain 2 – Designing and planning learning)**, Alex structures the discussion around real-case examples and ethical frameworks relevant to ICU practice. Through **(Domain 3 – Assessment of learning)**, Alex gauges the student's understanding by asking them to outline safe and respectful ways to seek consent and confirm comfort before touch. Guided by **(Domain 4 – Educational research and scholarship)**, Alex references current literature on patient-centred communication in critical care. Demonstrating **(Domain 5 – Educational leadership and management)** and **(Domain 6 – Educational environment, quality and safety)**, Alex models ethical decision-making and reinforces the importance of maintaining patient dignity and safety in all educational and clinical interactions.

Case example 3. [Highly Developed]

Sam, a physiotherapist educator at a metropolitan community health centre, collaborates with the operational physiotherapy management team after identifying an increase in manual handling near misses reported within one department. Using **(Domain 5 – Educational leadership and management)**, Sam leads a consultative process with team leaders to prioritise learning needs and coordinate resources. Drawing on **(Domain 2 – Designing and planning learning)**, Sam codesigns a simulation-based training program focused on safe patient transfer and mobility techniques, reflecting real community care scenarios. Through **(Domain 1 – Teaching and facilitating learning)**, Sam delivers engaging, hands-on sessions that encourage reflection and peer learning in a psychologically safe environment. Applying **(Domain 3 – Assessment of learning)**, Sam evaluates staff competence through observation and structured feedback. Guided by **(Domain 4 – Educational research and scholarship)** and **(Domain 6 – Educational environment, quality and safety)**, Sam integrates current evidence and outcome data to refine the program, contributing to a safer, more learning-focused workplace culture.

Case example 4. [Expert]

Nima, an experienced physiotherapist working across a professional sports club and a university, is leading an initiative to strengthen the clinical skill development of early-career physiotherapists in high-performance environments. Supported by a Victorian Government grant, Nima collaborates with academic partners to co-design a competency framework that aligns club-based learning with university standards. Drawing on **(Domain 2 – Designing and planning learning)**, they develop structured, progressive learning pathways that integrate simulation, on-field experience, and reflective practice. Using **(Domain 1 – Teaching and facilitating learning)**, Nima mentors clinicians and students through case-based discussions and live skill demonstrations, encouraging adaptive, evidence-informed decision-making. Through **(Domain 3 – Assessment of learning)**, they implement a multi-source feedback system to assess clinical reasoning, teamwork, and professionalism. Guided by **(Domain 4 – Educational research and scholarship)**, Nima applies educational theory and collects outcome data to evaluate the framework's impact. Demonstrating **(Domain 5 – Educational leadership and management)** and **(Domain 6 – Educational environment, quality and safety)**, Nima fosters collaboration between the club, university, and health sector, building a sustainable, high-quality education model that may be expanded to other sporting organisations.

Case example 5. [Intermediate/ Highly Developed]

Jordan, an advanced practice vestibular physiotherapist working in a metropolitan teaching hospital, is preparing an Entrustable Professional Activity (EPA) for advanced physiotherapy trainees. The EPA *'Accurately and efficiently perform an oculomotor examination'*, is designed as a clearly defined and independently executable unit of professional practice that culminates in a measurable clinical outcome: accurate diagnosis. Drawing on **(Domain 1 – Teaching and facilitating learning)**, Jordan models the assessment process using real-case demonstrations and guided questioning to scaffold trainee reasoning and technique. Through **(Domain 2 – Designing and planning learning)**, Jordan creates structured learning stages that mirror the clinical process, from patient history-taking to interpreting vestibular function tests, ensuring each step is observable and assessable. Applying **(Domain 3 – Assessment of learning)**, Jordan integrates direct observation tools, case-based presentations, oral appraisal, and portfolio entries to determine when a trainee can perform the EPA independently and safely. Guided by **(Domain 4 – Educational research and scholarship)**, Jordan reviews current evidence on competency-based assessment and vestibular best practice to ensure the EPA reflects contemporary standards. Through **(Domain 5 – Educational leadership and management)**, Jordan leads a working group of senior clinicians and educators to refine the EPA framework, ensuring alignment with professional standards and workplace capability expectations. Finally, in **(Domain 6 – Educational environment, quality and safety)**, Jordan ensures that simulated and clinical learning environments are safe, inclusive, and supportive of graded autonomy, reinforcing that entrustment decisions are evidence-based and patient-centred.

Case example 6. [Foundation/ Intermediate]

Chen has been qualified for four years and works within a regional health service. They have been invited to contribute to a working group developing updated onboarding and support resources for staff new to isolated clinics and home-based services. Drawing on their own experiences, Chen identifies key features that supported learning in challenging situations **(Domain 1 – Teaching and facilitating learning)** and helps prioritise training to maximise patient and staff safety **(Domain 6 – Educational environment, quality and safety)**. Recognising the challenges of remote support and asynchronous learning, Chen benchmarks approaches used by other services **(Domain 4 – Educational research and scholarship)** and presents a case for access to appropriate technology. They also incorporate structured action plans and scheduled reviews to support learning and progression **(Domain 2 – Designing and planning learning; Domain 3 – Assessment of learning)**. Having benefited from informal peer support, Chen collaborates with colleagues across disciplines to establish an interdisciplinary community of practice, creating a safe space for information sharing and mutual support **(Domain 5 – Educational leadership and management)**.

Activity plans and recommended resources

This framework of suggested activities is designed to support the acquisition of key competencies, learning and development. The suggestions included are purely indicative examples. Not all activities are expected. Those included are intended as examples on which to develop a personally tailored activity plan to align with the specific needs of individuals and their professional goals. Users of this framework are encouraged to assess their individual needs [Appendix 2], directing their choice of activities to support their learning and development of clinical education competencies. Users should recognise the flexibility to interchange activities between different developmental levels as required. The recommended suggested resources should be leveraged to support the learning and development process. Most resources have relevance over more than one milestone. Blank activity plan tables are available in the resource pack accompanying this framework.

Foundational

At foundation level physiotherapists will seek exposure to a broad range of clinical education experiences and introductory educator skills training, developing instructional and communication skills through observation, participation, assessment and reflection. A range of example activities are included in the table below.

Links to Framework	Activity Plan Potential activities to aid progression and demonstrate capability building	Date Completed
Domain 1 Teaching and facilitating learning	Observe a senior educator or clinician teaching at the bedside or in clinic, noting methods, communication, and learner engagement. Keep a reflective log linking observed techniques to learning principles.	
	Deliver a short clinical education activity. Reflect on the skills and adaptations required to make this interaction safe and effective.	
Domain 2 Designing and planning learning	Seek involvement in the preparation of materials to support consumer education. Engage with senior staff to develop and document strategies to balance the management of this task in your workload.	
	Participate in the delivery of orientation under supervision. Reflect on the importance of structured delivery, resources and how they support effective learning. Use your reflection to contribute to the currency and effective delivery of orientation information.	
Domain 3 Assessment of Learning	Attend APP training, shadow experienced educators using the tool, and practice completing sections under supervision with mentor feedback.	
	Complete a self-assessment of your skills as a clinical educator using a reflective framework. Share reflections with a mentor or peer in supervision discussions to develop a personal learning plan with achievable goals.	

Domain 4 Educational research and scholarship	Read about adult learning principles. Reflect on their application during clinical education. Observe a senior educator and explain your perceptions of the theoretical principles underpinning the interactions you observed.	
	Attend an introductory session on research principles, including ethics and data collection. Keep a reflective note on what you learned about research methodology and its relevance to clinical education.	
Domain 5 Educational leadership and management	Review and reflect on the Physiotherapy Board of Australia's Code of Conduct and Standards of Professional Behaviour and engage in peer feedback to facilitate recognition of your clinical education activities and their alignment with professional expectations.	
	Attend an induction or workshop on supporting learner study skills. Role-play responding to learners struggling with clinical documentation or treatment techniques.	
Domain 6 Educational environment, quality and safety	Engage in an online module or workshop on cultural safety, disability inclusion, or unconscious bias in healthcare and education. Follow up with a reflective conversation with a student about their learning goals and wellbeing at the start of a placement. Provide documentary evidence linking learning and practice.	
	Participate in a team in-service that links safe clinical practice to safe teaching and supervision.	
[Add your own]		

Recommended Resources	Date Accessed
<u>Physiotherapy practice thresholds in Australia & Aotearoa New Zealand</u> The Physiotherapy practice thresholds describe the threshold competence required for initial registration and continuing practice as a physiotherapist in both Australia and Aotearoa New Zealand	
<u>The Digital Health Capability Framework for Allied Health Professionals (2022)</u> The digital health framework aims to outline knowledge and behaviours required for safe, effective allied health practice in digitised health care environments. It provides self-assessment tools to facilitate baseline evaluation and progress.	
<u>APA Learning and Teaching for Physiotherapy – Part A & B</u> The Learning and Teaching for Physiotherapy course equips physiotherapists – whether recent graduates, new educators, or those seeking CPD – with the skills to deliver clinically focused teaching through constructive alignment, evidence-based feedback, and understanding of psychomotor skill development.	
<u>Teach-back tool kit</u> <u>Teach-back video resource</u> These resources focus on education skills used with consumers and offer an example for building education related understanding and competence that can be carried forward into interactions in different contexts, such as guiding students.	

This Calgary-Cambridge guide is one example of tools that could be used to support peer assessment of consumer interactions.	
<u>Australian Physiotherapy Council Cultural Safety Training for Physiotherapists</u> This course develops understanding of Aboriginal and Torres Strait Islander history, culture, and cultural safety to support culturally safe, respectful, and appropriate physiotherapy practice across settings.	
<u>APP Education</u> This website is for Clinical Educators (CEs) supervising physiotherapy students during their professional practice placements.	
<i>[Add your own]</i>	

Intermediate

At intermediate level, physiotherapists will progress their active delivery and coordination of clinical education activities, including health professional education supported by targeted continuing professional development (CPD), including formal education training, to advance education skills. A range of example activities are included in the table below.

Links to Framework	Activity Plan Potential activities to aid progression and demonstrate capability building	Date Completed
Domain 1 Teaching and facilitating learning	Lead small- to medium-sized group discussions, case studies, or problem-solving tasks. Request feedback from participants on session effectiveness to inform future planning. Provide evidence of integrating learning into future activities.	
	Prepare and deliver short, structured teaching moments during routine clinical care (eg, manual handling, exercise prescription, outcome measure use) using questioning techniques to encourage active learner engagement. Seek feedback from learners and senior educators to refine skills.	
Domain 2 Designing and planning learning	Deliver orientation activities in different contexts (eg, students, newly qualified staff, cross-professional). Document how you accommodated variation. Seek feedback from learners on their perceptions of psychological safety.	
	Meet with peers from other clinical areas/professions to explore time efficient tactics to design and plan learning materials. Prepare a Gantt chart to identify the time, task and resources required to support a student on placement alongside your clinical responsibilities. Discuss and document plans to accommodate potential variations in your workload.	
Domain 3 Assessment of Learning	Plan structured formative assessment activities (eg, case presentations, skills demonstrations) with assessment against standard criteria or rubrics. Reflect on assessment effectiveness and share insights in supervision sessions.	
	During student feedback, independently synthesise information from multiple sources to inform a discussion of strengths and development needs. Encourage learners to use structured self-assessment tools to complement educator feedback and seek their reflections to support your development.	

Domain 4 Educational research and scholarship	Join a supervised research project related to clinical education and assist with the collection, analysis, or summary of data.	
	Plan and deliver a clinical skills teaching session incorporating a range of methods to illustrate key concepts. Experiment with combining strategies (eg, case-based discussion plus role-play) to enhance learning. Document what strategies were effective and why, considering learner feedback.	
Domain 5 Educational leadership and management	Contribute a case study or story to a departmental newsletter that showcases how learner involvement benefited consumers or services.	
	Attend a local or regional interprofessional education forum to build networks.	
Domain 6 Educational environment, quality and safety	Lead a short, structured in-service linked to departmental priorities (eg, falls prevention, manual handling, new guidelines). Integrate strategies to monitor change. Prepare a briefing note that shows how a proposed education activity supports service delivery goals.	
	Engage in peer review: invite a colleague to observe a clinical education session and provide feedback on inclusivity.	
[Add your own]		

Recommended Resources	Date Accessed
<u>ClinEdAus Core Clinical Education Skills</u> Core clinical educator skills delivered as short modules and include videos, activities, and links to learning resources. Modules include characteristics of effective student supervisors, facilitating decision making and clinical reasoning, assessment of students, health and wellbeing, communication, facilitating reflective practice and self-assessment, managing difficult situations, facilitating learning on student placements, providing feedback to students on placements, meeting diverse learning needs.	
<u>The University of Sydney- Effective Feedback Learning Module</u> The Effective Feedback Learning Module for clinical educators explores evidence-based strategies to enhance feedback in clinical teaching. It highlights the importance of credibility, feedback literacy, emotional awareness, and educator-student relationships in fostering meaningful learning.	
<u>Victorian Allied Health Clinical Supervision Modules</u> This series of five Victorian Allied Health Clinical Supervision Modules have been developed to support and align with the <u>Victorian Allied Health Clinical Supervision Framework</u>	

<u>Australian Institute of Clinical Governance</u> This course introduces health practitioners to foundational skills in teaching, learning, and supervision, which can be developed throughout their careers.	
<u>EIP: An Evidence Based Practice Learning & Assessment Framework for Clinicians working with Students on placement</u> Evidence-informed practice learning and assessment framework for clinicians working with students on placement.	
The Healthcare Educator Capability Framework (2024) [60] This framework is designed to articulate the scope of educational practice in a healthcare setting and provide a stepped pathway to developing capability for those stepping into, or currently in, designated clinical educator roles. The framework mirrors the six domains in the current framework, pitched to a broader audience of healthcare clinical educators.	
<i>[Add your own]</i>	

Highly Developed

Physiotherapists becoming expert educators will seek opportunities to lead and contribute at an organisational level. CPD activities will include research activities to contribute to the evidence base in clinical education and the pursuit of higher degree research qualifications. A range of example activities are included in the table below.

Links to Framework	Activity Plan Potential activities to aid progression and demonstrate capability building	Date Completed
Domain 1 Teaching and facilitating learning	Plan and lead sessions incorporating a range of teaching strategies, including case-based learning, role-play, simulation, and discussion to develop reasoning skills. Design clinical tasks where learners safely explore complex scenarios and learn from challenging situations.	
	Teach groups of varying size, actively monitoring group dynamics and implementing strategies to maintain a psychologically safe and effective learning environment.	
Domain 2 Designing and planning learning	Support other educators in using needs-analysis data to tailor placements and supervision approaches across a range of contexts (eg, individual, group, face to face, online).	
	Seek opportunities to adapt clinical education activities to suit varied learner needs, including cultural, educational, or skill-level differences. Collaborate with colleagues to modify delivery and content based on learner feedback and outcomes.	
Domain 3 Assessment of Learning	Compare and appraise the validity and reliability of multiple assessment tools for different learner levels or clinical settings.	
	Facilitate case-based discussions where learners identify and build on their reasoning strengths. Develop reflection prompts that highlight strengths before addressing challenges. Share strategies with colleagues on reinforcing learner strengths as part of feedback.	
Domain 4 Educational research and scholarship	Establish forums to encourage peer collaboration and knowledge-sharing to identify, embed and evaluate evidence-based approaches across clinical education delivery in the department/clinic.	
	Design, lead, and manage a clinical education related research project. Present findings to peers/ at professional forums / peer reviewed publications.	

Domain 5 Educational leadership and management	Develop and roll out recognition strategies for educators and learners (eg, annual awards, education showcases).	
	Support students and junior colleagues to navigate complex professional/ethical issues around clinical education (eg, dual roles, confidentiality breaches, maintaining professional boundaries).	
Domain 6 Educational environment, quality and safety	Lead the preparation of a service audit for physiotherapy education delivery, collating input from staff and stakeholders. Provide staff training sessions on interpreting accreditation standards and applying them to clinical education practice.	
	Guide colleagues in embedding consumer safety reflection into routine student assessments and consumer education documentation.	
[Add your own]		

Recommended Resources	Date Accessed
Learning and Teaching in Clinical Contexts: A Practical Guide (2018) by Clare Delany and Elizabeth Molloy (and contributors) [61] This book supports clinicians and educators responsible for designing and delivering health professional education in clinical workplaces and clinicians undertaking continuing education in workplace teaching. Includes chapters on Reflective Practice and Scaffolding Learning.	
<u>ClinEdAus Preparing for and Managing Clinical Placements</u> Provides information related to preparing for and managing clinical placements. There are seven modules which include details specific for clinical educators and the organisation in preparing for and managing clinical placements.	
<u>NSW Health The Allied Health Learning Guide</u> A guide for allied health professionals facilitating learning in the workplace. This guide explains the role of workplace learning, understanding adult learning styles, skills needed to facilitate learning, where and how to facilitate learning in the workplace.	
<u>Entrustable Professional Activities (EPAs)</u> This podcast provides an introduction to EPAs and their integration into assessment.	
<u>National Health Education and Training in Simulation (NHET-Sim)</u> The NHET-Sim Program is a national training program. Online and in person programs available.	
[Add your own]	

Expert

Activities to support expert clinical education and acknowledged leadership will be outward looking, supporting others and leading strategic change. CPD opportunities may include seeking fellowship through accrediting bodies. A range of example activities are included in the table below.

Links to Framework	Activity Plan Potential activities to aid progression and demonstrate capability building	Date Completed
Domain 1 Teaching and facilitating learning	Establish systems to monitor and respond to changing clinical and educational priorities.	
	Mentor/support educators across departments or institutions in adopting and refining innovative pedagogical approaches to suit the delivery of bedside teaching and clinical skills.	
Domain 2 Designing and planning learning	Participate in cross-institutional curriculum committees to align learning outcomes with workforce needs and accreditation standards	
	Lead educator networks to share teaching tools, digital resources, and best practice frameworks.	
Domain 3 Assessment of Learning	Chair or contribute to committees developing organisation-wide learner monitoring policies. Publish or present outcomes of monitoring initiatives at education conferences/ symposia.	
	Design and implement train-the-trainer workshops on interpreting monitoring data to guide learner support.	
Domain 4 Educational research and scholarship	Conduct primary research or systematic reviews to inform policy and practice in clinical education. Translate research findings into actionable recommendations for organisational and sector-wide adoption.	
	Lead initiatives to implement evidence-informed teaching practices across departments, services, or regions. Present findings to boards, accreditation bodies, or sector forums to drive adoption of best practices.	
Domain 5 Educational leadership and management	Through regional networks, contribute to policy development ensuring consistency, fairness, and protection of learner rights across institutions.	
	Publish leadership guidance (such as policy briefs, editorials, or position statements) promoting learner advocacy in physiotherapy and interprofessional contexts.	
Domain 6	Coordinate the co-design of education frameworks with Aboriginal health leaders, consumer representatives, and equity advocates.	

Educational environment, quality and safety	Contribute to curriculum reform at the system level (eg, state-based placement redesign, interprofessional education frameworks, integration of public and private physiotherapy student support).	
	[Add your own]	

Recommended Resources		Date Accessed
<u>Centre for the Advancement of Interprofessional Education (CAIPE) – Interprofessional Education Handbook</u>		
Provides an overview of Interprofessional Education (IPE), benefits of IPE and contains a guide to implementing IPE.		
<u>Best Practice Clinical Learning Environment (BPCLE) Framework</u>		
Provides a set of mechanisms for educators, managers and executives to establish or enhance the health professional education and training experience and environment		
<u>Physiotherapy Board of Australia - Home</u>		
The Physiotherapy Board supports safe practice by publishing regulatory standards, codes, guidelines, updates and other resources for physiotherapists, students and the public.		
<u>Australian Qualifications Framework (AQF)</u>		
Specifies the qualification criteria across levels of attainment. Provides a source of bench marking to map non-accredited portfolio evidence against. AQF level 10 defines the criteria commensurate with doctoral degree qualifications.		
<u>Codes and Guidelines Australian Research Council (ARC)</u>		
The ARC is committed to the highest standards of integrity in all aspects of research it supports. This includes ensuring that ARC-funded research is conducted according to appropriate ethical, legal and professional frameworks, obligations and standards; as well as the development and support of a research environment that is underpinned by a culture of integrity.		
<u>National Statement on Ethical Conduct in Human Research</u>		
The National Statement is developed jointly by the National Health and Medical Research Council (NHMRC), the Australian Research Council and Universities Australia to promote ethically good human research. It provides guidance for individuals, organisations and ethical review bodies		
[Add your own]		

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Appendices

Appendix 1: consultation data

The primary consultation for this project was approved by the Barwon Health Human Ethics Committee and complied with the requirements for participant consent and data management (privacy, security, access and storage) as required by the National Statement on Ethical Conduct in Human Research 2023.

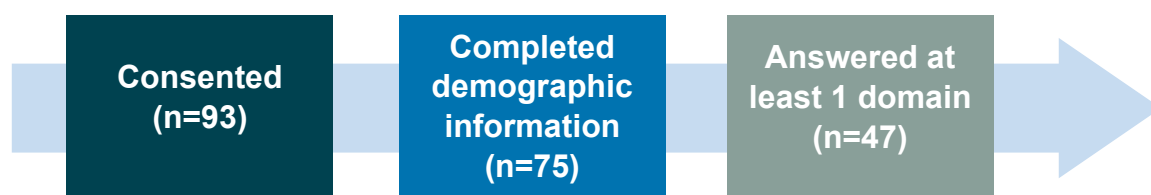
Survey:

An anonymous, voluntary online survey open to physiotherapists, and Allied Health Clinical Educators interacting with physiotherapists, was distributed in October 2024.

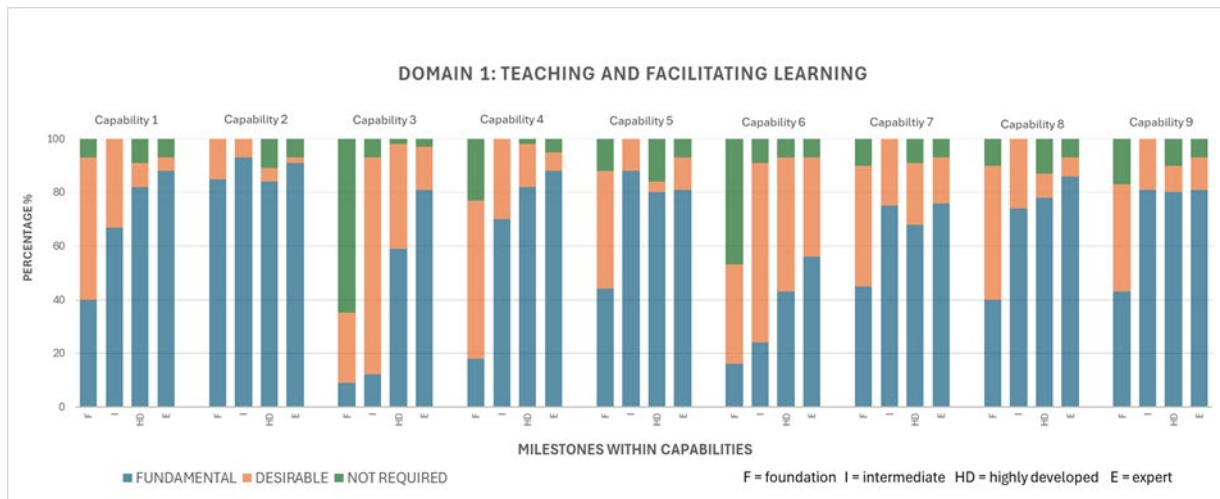
The survey consisted of two sections: (i) Demographic information; (ii) Capability domains associated with clinical education.

The six domains (Teaching and facilitating learning; Designing and planning learning; Assessment of Learning; Educational research and scholarship; Educational leadership and management; Educational environment, Quality and safety) were designed around the domains of health professional educator competence outlined by Sidhu et al. [6]. Capability indicators within the domains were drawn from the findings of Gibson et al., Sidhu et al., and Hesketh et al., [4-6]. Respondents were asked to rank the relative importance of learning outcomes sitting within these domains as perceived in relation to physiotherapy career progression from foundation to expert.

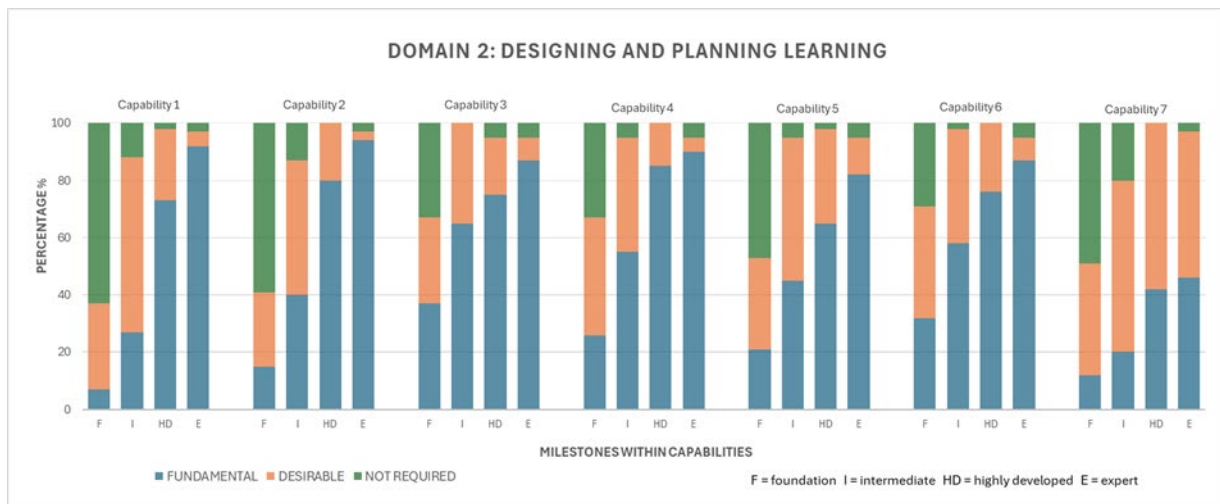
Respondents were sited across Metropolitan (32%); Regional (53%) and Rural (15%) health services, with 26% classified in designated clinical educator roles. Flow of respondent numbers through the survey is outlined in Figure 1, Figure 2 provides a visual representation of respondent feedback across the six domains.



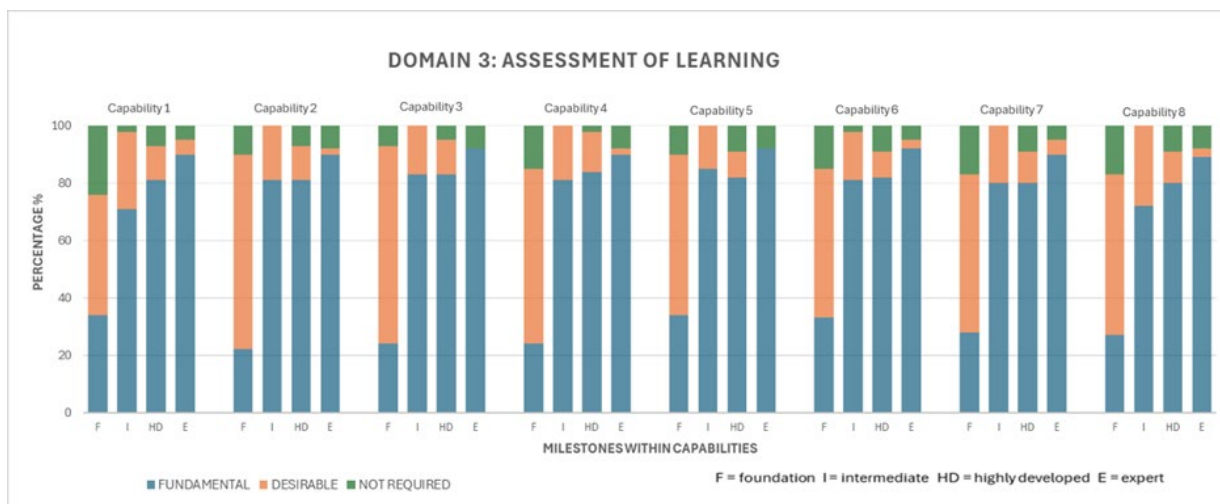
Appendix 1, Figure 1: Flow of survey participants.



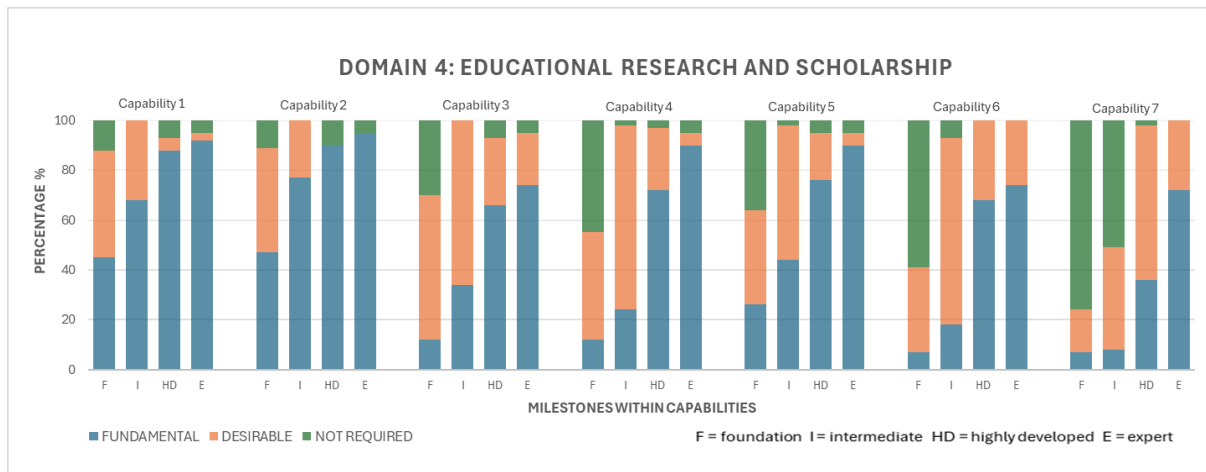
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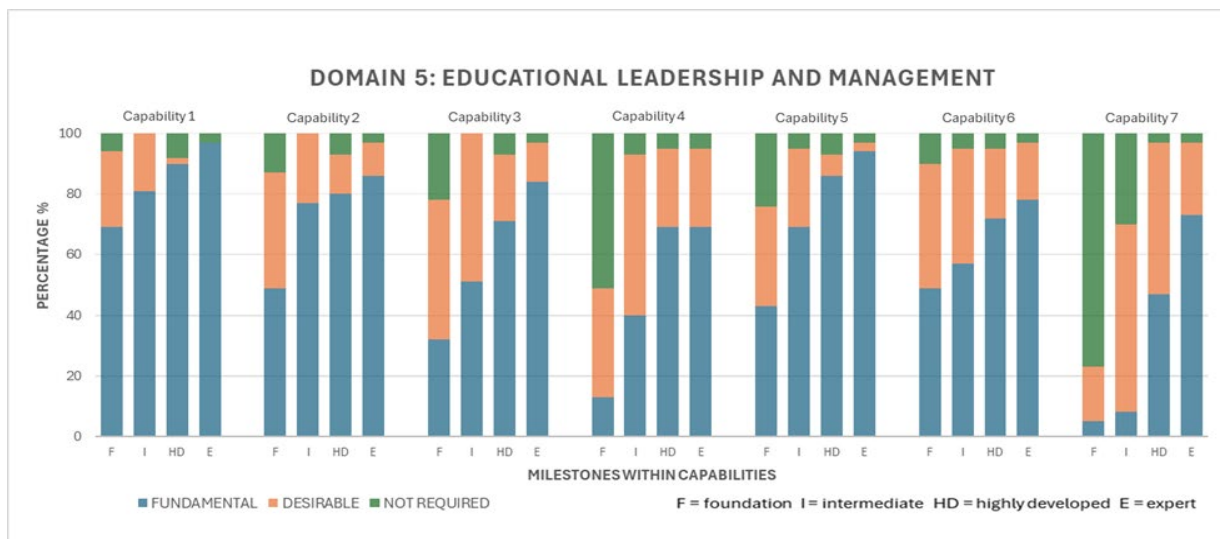
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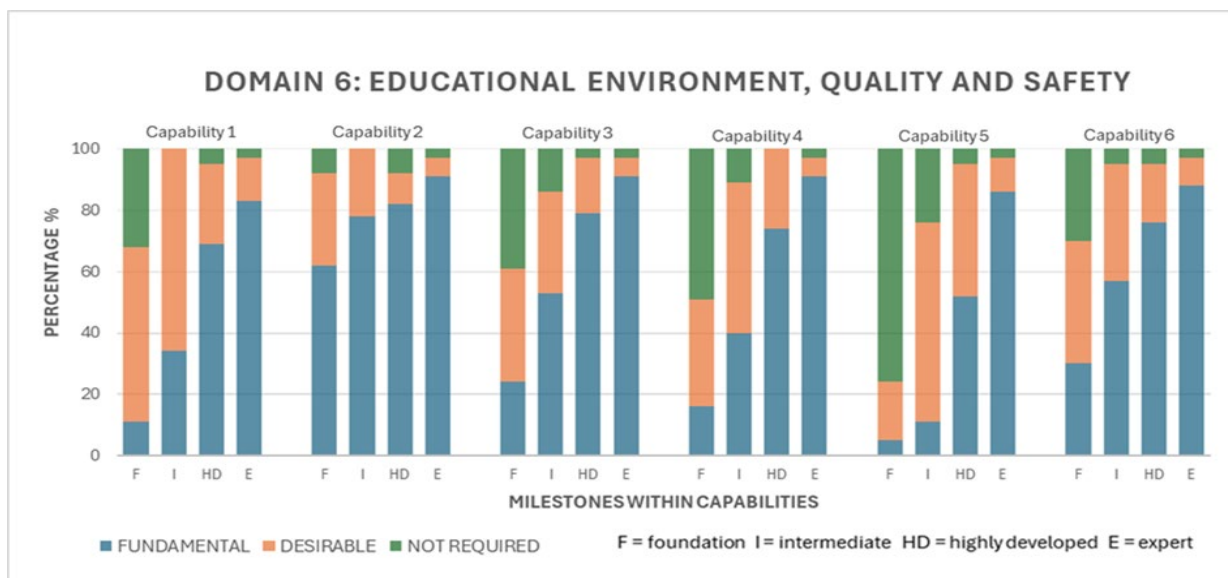
(C)



(D)



(E)



(F)

Appendix 1, Figure 2 (A-F): Perceived importance (fundamental, desirable, not required) for capability indicators within each domain. Survey findings were used to inform focus group discussions.

Focus groups:

Three focus groups were undertaken between December 2024 and February 2025 with a total of 13 participants [46% in designated clinical educator roles; 54% physiotherapists delivering clinical education as part of their role]. Participants represented a range of experience from 2-3 years post qualification to highly experienced clinicians delivering education across a spectrum of contexts.

Survey free text responses (n=34) were integrated into the thematic analysis.

A summary of themes and subthemes and supporting quotes is presented in Table 1.

Appendix 1, Table 1: Themes and subthemes derived from focus groups and open-ended survey responses

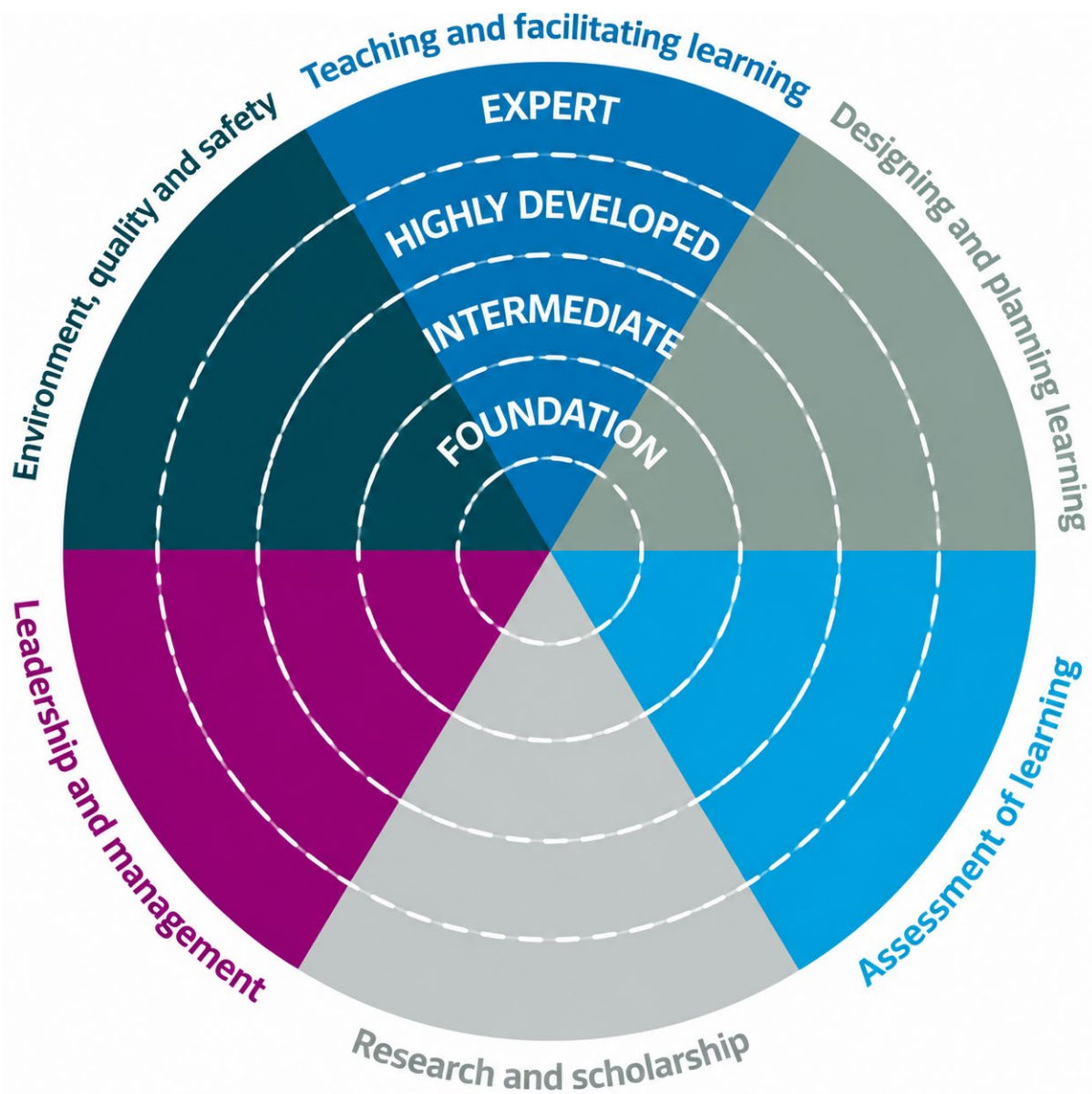
Theme	Subthemes	Quotes
Delivery of clinical education is a fundamental expectation/requirement	• Recognition and perceived value of the educator skill set • Parallels and conflicts - clinical and educational competence • Dealing with conflicting priorities • Organisational resources, culture and workforce profile	'...(there are)...hidden skill sets as an educator that are not always visible to people, particularly physios' '...is a specialist ... physio, (someone) who then can do education? I think that's flawed, because just because someone's been found to be in a rigorous way, to be a specialist, doesn't mean they're any good at educating at all' 'there's a permanent tension...about are enough patients being seen? So, if you need to see more patients, then how does that impact the supervision and the education you deliver?' 'even within the organisation it can vary so dramatically in terms of what support structures you can get from colleagues'
Development of clinical education skills are embedded in non-formal education	• Challenge of self-navigation (without structured support) • Learning from others • Reflective practice • Organisational led (multidisciplinary) training and non-accredited university programmes	'I sort of had to find my own way, and, you know, seek out resources myself' 'we developed our clinical education practice through our experience of education, like coming through the ranks' 'it's not inherent. You've actually got to go and learn it and seek out the mentoring and the resources.' 'you've got to reflect, and, you know, grow your own knowledge base and skills...but when do you have the time to do that?'
Positioning the clinical educator: An evolving and emerging role	• The role of designated clinical educators • Alternative frameworks for delivering and supporting clinical education	'I think it's not well defined what we (Clinical Educators) do...I've worked in two different organisations and what they've asked me to do has been quite different and different foci' 'from the outside as a clinician, is really hard for me to see what the clinical educators in that role do...' 'Physio department structure (and funding) needs to support clinical education, i.e. more funded roles similar to what nurses have ... dedicated clinical facilitator / preceptor roles...'

The value of virtual/asynchronous education opportunities	• Drivers and constraints • Digital health capability	'there's definitely a lot of positive benefits and something that I've seen within my workforce that it can be an enabler to providing education to be able to deliver it virtually' 'I just think that were all very practical pragmatic people, and we don't like learning off a computer' 'It's hugely important for us in rural and regional areas' 'we need to build skills in this because it is a different skill set to teach virtually or asynchronously compared to teaching face to face'
Supporting progressive development and transferable demonstration of growth	• Potential functions of a physiotherapy educator capability framework • Educator capability development and adapting to context	'using the framework to facilitate understanding of the educator role' 'if there was standardised, transferable training that was accessible to clinicians. Then you could take that with you, wherever you work' 'leaving the nuances more general and then applied to the context, because even within physio there are so many different things we can be'

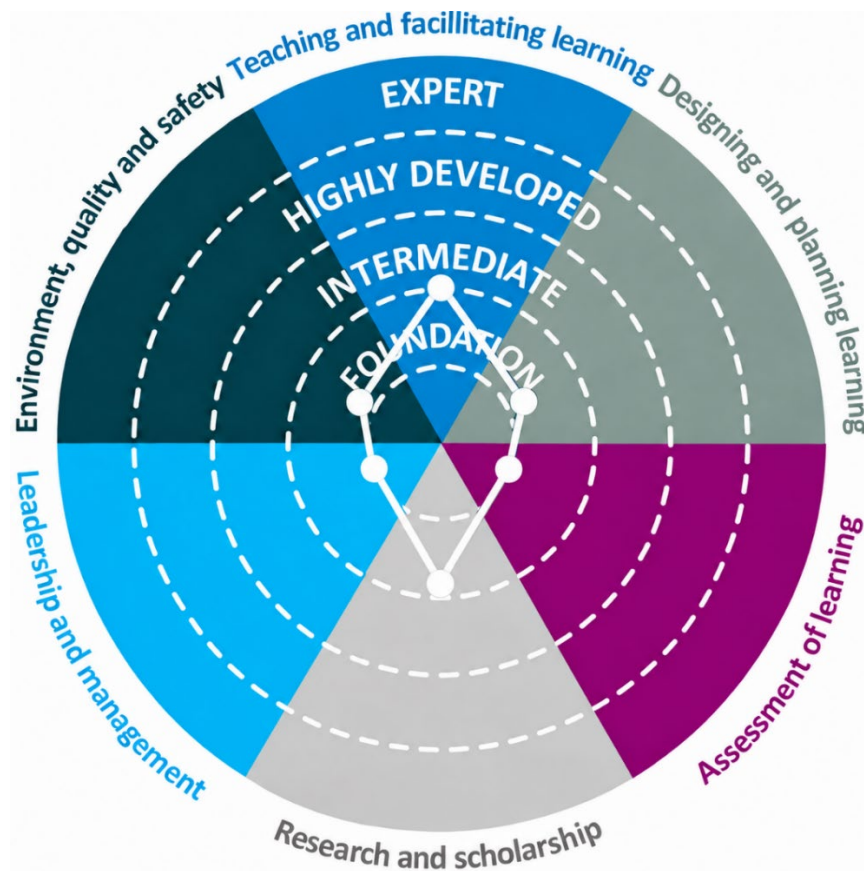
Appendix 2: radial graph (spider diagram)

A radial graph, or spider diagram, can be used to reflect on and visualise capability across each of the six domains, as well as to chart changes in development over time. Starting points will be shaped by previous experience brought into the physiotherapist role, alongside learning gained through 'on-the-job' experience. The resulting graph is unlikely to begin at the same level across all domains, and progression over time is not expected to be linear or uniform.

To use the graph, review Domains 1–6 to estimate perceived capability level in each domain. Record this as a dot on the chart for each domain, joining the dots to create a shape. The completed graph is a visual representation that can be used to identify strengths, areas for development and inform an action plan focused on building specific capabilities aligned with your current role and future aspirations. Repeating this process over time can support reflection on progress and changing priorities.



Example:



This is an example graph for a recent graduate self-assessing their perception of progress within the capability domains after taking up a post in a regional hospital.

Prior to graduation:

- Worked as an Allied Health Assistant, developing an interest in health literacy and the fundamentals of communicating information [**Domain 1: Teaching and facilitating learning**].
- Undertook an Honours project that integrated research into educational principles in aged care [**Domain 4: Research and Scholarship**].

Documenting and mapping this prior experience (using their portfolio) indicated a transition from foundation to intermediate level for a majority of capabilities within these two domains.

Perceived level for other domains is indicative of their experiences to date, with least progression within Leadership and management [**Domain 5**].

Perceived levels are indicated by dots on the chart. Progress within the domains will be reviewed in 12 months, prior to next development review.

Forward planning:

New role offers potential to integrate interest in education with quality improvement projects [**Domain 6: environment quality and safety**]. Supervision discussions indicate a need to develop strategies to support these interests' emphasising wellbeing in the efficient use of time and resources to deliver clinical education related outcomes [**Domain 2: Designing and planning learning**].

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