Advancing Practice

PORTFOLIO BUILDING GUIDE

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1. PURPOSE OF THIS GUIDE

The advancing practice recognition and credentialing process involves submission of:

1) An initial registration of applicant details via an online application form

2) Your practice portfolio of evidence via a secure, cloud-based online portal. The unique software guides you through the process of mapping your practice portfolio against the advanced practice enabling competencies from the National Competency Standards Framework for Pharmacists in Australia 2016[1]

3) Descriptions ('context and impact' statements) of your items of evidence included in your practice portfolio that demonstrates your impact as a pharmacist

Following the evaluation of your submission you will receive your Outcome and Feedback Report, together with your certificate awarding your stage of advancement.

This Portfolio Building Guide has been developed to assist you with preparing a practice portfolio to be evaluated to determine your stage of practitioner development aligned with the advanced practice enabling competencies.

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[1] Pharmacy Practitioner Development Committee. National Competency Standards Framework for Pharmacists in Australia 2016. Canberra; 31 May 2017

2. HOW TO COMPLETE YOUR ONLINE PORTFOLIO SUBMISSION

2.1 Scope of Practice

As part of your application for advancing practice recognition and credentialing, you must demonstrate you are competent in your scope of practice. Current registration with the Pharmacy Board of Australia or Pharmacy Council of New Zealand will be considered evidence of your declaration of current *general* competence.

As a pharmacist, you are a health professional with a unique and complex body of knowledge and skills which you apply on behalf of other members of the community to optimise health outcomes. Your scope of practice is defined by the activities that you are educated, competent and authorised to perform, and for which you are accountable. This is a time-sensitive and dynamic aspect of practice. Your scope of practice can be defined through the Domains of the National Competency Standards Framework for Pharmacists in Australia.

The Domains of the National Competency Standards Framework for Pharmacists in Australia are:
- Professionalism and ethics
- Communication and collaboration
- Medicines management and patient care
- Leadership and management
- Education and research

The areas in which you may practice are not limited to the provision of direct clinical care. You may work in non-patient facing roles, management, administration, education, research, advisory, regulatory or policy development roles, as well as, or instead of, direct clinical care.

If you provide direct clinical care, the areas in which you practice may be broad, covering a wide variety of consumers and a broad range of medical conditions (e.g. community pharmacist or rotational clinical pharmacist), or may be narrow, covering a broad range of medical conditions in a specific consumer group (e.g. paediatrics or geriatrics) or directed to a limited range of medical conditions across a wide variety of consumers (e.g. diabetes or cardiovascular).

The following steps will assist you with defining your scope of practice:

1) Review your current position or role description(s).

2) With reference to the National Competency Standards Framework for Pharmacists in Australia 2016, select the Domains that contain relevant Standards to your practice. This selection must include Domains 1 and 2 and Standards 4.1 and 4.2 of Domain 4 which have been deemed to be universally applicable to all areas of practice[1]. When defining your scope of practice, you need to select the competencies required for all roles and positions you hold and services that you provide, regardless of whether you are remunerated or not.

3) Select the Standards from each Domain that define the key activities of the role or service under consideration.

4) Refer to the introductory statements, Enabling Competencies and Performance Criteria (as published in the National Competency Standards Framework).

5) Review your CV or resume. Consider whether the Domains and Standards that have been selected cover all other roles, positions or services you provide. Repeat steps 2 to 4 for all roles, positions and services.

[1]*New Zealand registered pharmacists are allowed to review their scope of practice against the Pharmacy Council of New Zealand*

2.2 Area of Expert Professional Practice

Your area of Expert Professional Practice is the particular field or subject in which you feel you have acquired the knowledge, skills and experiences for you to be acknowledged as an expert. Competency Standard 1.5 'Apply expertise in professional practice' is the relevant competency.

Given the diversity of practice areas in pharmacy, it is not possible to list all possible areas of Expert Professional Practice. Some pharmacists may have an area of Expert Professional Practice in patient care, with a specific focus, for example, in renal medicine or the care of older people. Other pharmacists may have an area of Expert Professional Practice in management and administration, education, research, policy, public health or pharmaceutical sciences.

Reflect on your scope of practice. The Domains from the National Competency Standards Framework for Pharmacists in Australia that have been selected when developing your professional practice profile will help reveal your area of Expert Professional Practice.

You will need to write a statement (50 words or less) describing your area of Expert Professional Practice.

> **TIP**
>
> Experience from the advanced practice pilot program suggests that you should firstly draft your area of Expert Professional Practice and then review it after the completion of your portfolio before you submit for evaluation.

2.3 Context and Impact Statement

You will need to provide a descriptive commentary, called a context and impact statement for each advanced practice enabling competency. Your statement describes the impact of your evidence to ensure the evaluator panel is aware of:

- The context for your evidence
- How it relates to demonstrating the respective performance criteria (covering both the validity of the evidence and its sufficiency - see section on the rules of evidence later in this Portfolio Building Guide.
- The impact (or outcomes) of your performance (e.g. what was the impact on the service provided? What was the impact on your patients?).

This context and impact statement should be concise. The online portfolio application software limits your word count to 200 words for each advanced practice competency.

> **TIP**
>
> Your context and impact statements should make direct reference to the evidence you have provided in support at the relevant competencies. It will make it difficult for your evaluators to confirm your self-assessment if they cannot clearly understand which evidence you are relying upon for your self-assessment.
>
> Evaluators will consider evidence at each competency on balance. More evidence does not necessarily mean a better portfolio. You should provide sufficient evidence to show consistent practice at the appropriate level.

3. PRACTICE PORTFOLIO

3.1 Getting started with your Practice Portfolio

A practice portfolio is the tool which will be used to evaluate evidence about your practice. A portfolio is defined as a collection of 'formal documentation of training, achievements and experience.'[2]

The contents of a portfolio can vary considerably from practitioner to practitioner. A portfolio typically includes such things as:

- a curriculum vitae
- multi-source feedback
- qualifications
- work experience
- action plans from direct observations
- evidence of CPD
- teaching presentations
- examples of interprofessional practice
- critical incidents
- quality improvement projects
- rotation evaluations
- evidence of research
- evidence of assessments undertaken (e.g. OSCEs)

It is not possible to list all types of documentation that might be appropriate to include in a portfolio.

Example documentation may include certified copies of certificates and academic transcripts, copies of articles written (or web links if publicly available), extracts of minutes of meetings, copies of reports written, multi-source feedback reviews, job descriptions, conference programs, copies of communications, copies of guidelines or protocols, media releases, interview transcripts or as reported in articles.

When you develop your practice portfolio for advancing practice recognition and credentialing you will need to map the components of your portfolio to the advanced practice enabling competencies in the National Competency Standards Framework and provide context and impact statements describing how each of the components in your portfolio provide evidence of your level of performance (either Stage 1- Transition; Stage 2- Consolidation; Stage 3- Advanced) for each competency.

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[2] Australian Pharmacy Council Advanced and Extended Practice Steering Committee. Advanced and Extended Pharmacy Practice- an environmental snapshot. Canberra: Australian Pharmacy Council Limited; September 2013.

> **TIP**
>
> Ideally, all pharmacists should be continually building their practice portfolio over time as they develop their practice. The experience from the advanced practice pilot program is that retrospective review and portfolio building can take pharmacists in excess of 50 hours.

3.2   Files suitable for inclusion

Advancing Practice does not stipulate which files can and cannot be included, however, there are some critical points to remember:

- PDF documents and JPG or PNG images are ideal for use as they should render identically on any device the evaluator is using
- Hyperlinks to webpage should also display reliably, however, be aware that if the web page is not managed by you, it may be updated between the time of submission and review.
- Proprietary or non-standard software files (e.g. from the Microsoft® Office suite) may render differently or may not be visible at all on some devices. It is your responsibility to ensure that the evaluators can reasonably see the evidence you have provided

> **TIP**
>
> Convert word document and spreadsheet files to PDF for portfolio inclusion. Not only will this increase the likelihood of the document presenting as you intended, it will also ensure any "tracked changes" are not visible to the evaluator.

4. IDENTIFYING, GATHERING AND SORTING EVIDENCE FOR YOUR PORTFOLIO

There are many approaches you can take to start preparing your evidence of performance for your practice portfolio.

One possible approach is listed below:

1) Select one Domain from the National Competency Standards Framework that contain advanced practice enabling competencies for which to identify and gather evidence i.e.

   a. Professionalism and ethics
   b. Communication and collaboration
   c. Leadership and management
   d. Education and research

2) Review the advanced practice enabling competencies for that Domain.

3) Reflect on your activities and identify examples that would cover each advanced practice enabling competency. Use your CV or job description as a prompt for identifying key achievements or significant pieces of work.

4) Consider what evidence you have that confirms the outcomes and impact that were achieved and your role in these achievements. Identify where you are getting multi-source feedback from.

5) Reflect on which performance criterion best describes the stage at which you were performing: Stage 1 – Transition, Stage 2 – Consolidation, Stage 3 – Advanced.

6) Discuss your approach with your preferred Professional Member Organisation or other practitioner development body. A mentor or colleague may help you identify other significant work you have undertaken that is directly relevant to specific competencies that you may have overlooked.

Alternatively, you could take the reverse approach – starting with a significant piece of work and the evidence you hold, and then looking across the performance criteria for advanced practice enabling competencies to see what it demonstrates.

Evidence of performance can take many forms and be gathered from a number of sources. Each document in your portfolio is likely to provide evidence for a number of advanced practice enabling competencies.

> **TIP**
> Aim to include evidence that is as succinct as possible. Focus on its relevance and ability to convey impact, rather than volume.

5. RULES OF EVIDENCE

You should ensure your evidence is valid, authentic, current and sufficient.

VALIDITY

The evidence must be relevant to the claim for which it is being used to support. The contents or your portfolio are not prescribed. You must carefully consider what the evidence would be that supports each claim, and provide a rationale for the selection of the material. You should be cognisant that it is performance and impact that must be demonstrated, and not just the attainment of knowledge and skills.

AUTHENTICITY

There must be evidence that clearly identifies your contribution to the outcome and impact. For some documents included in your portfolio, you may also include supporting documents that verify that the evidence relates to the individual contribution of the pharmacist and/or, if part of a team contribution, what aspects were specific to the pharmacist (e.g. testimonial statements from colleagues, opportunity to verify qualifications with issuing body).

CURRENCY

Evidence must relate to a relatively recent time period (e.g. less than five years). Where evidence relates to the past (e.g. a qualification), further evidence to demonstrate the knowledge/ skills are still applied in practice would be expected.

SUFFICIENCY

There must be enough evidence to demonstrate performance at the identified stage (i.e. Stage 1- Transition; Stage 2- Consolidation; Stage 3- Advanced).

It is possible that the evaluation determines that the evidence overall is insufficient to award recognition at any Stage. The final Outcome and Feedback report provided to all applicants articulates the reasons for all evaluation outcomes and makes suggestions on future practitioner development options.

TIPS

- Your application must contain both the claim being made for performance at a stage of advancement, and the evidence to support your case.
- The evidence must relate to a recent period; if the evidence item is older, you must clearly explain how this continues to have impact (e.g. a research project that has changed practice or has been influential in ongoing research).

- It is possible that one document in your portfolio may provide evidence for a number of different advanced practice enabling competencies.
- It is likely that each competency will require multiple types of evidence to fully establish an advancing practice level.
- When you use a single piece of evidence across multiple competencies make an explicit reference to it each time it is used. Evaluators may review your competencies in any order, so do not presume they will 'remember' seeing a piece of evidence.
- An evaluator should be able to assess every single competency on its own, if your context and impact statement is clear, and the evidence sufficient, relevant and easy to identify.

Remember, it is not the quantity of evidence that is important, but rather its quality, the relevance of each piece to the claim being made, its integration with other pieces of evidence, and how it demonstrates your overall impact as a pharmacist.

6.   PRIVACY AND CONFIDENTIALITY

Advancing Practice takes the privacy of your portfolio very seriously. Your evidence is submitted to a secure server, and access is only granted to staff involved in the administration of the program and your evaluators.

You should also be aware of privacy legislation in your state, and your organisation's privacy policy. Whilst we will take every step to keep your portfolio private, **we will presume that you have obtained the necessarily permission to provide it to us**. This is especially relevant for patient-related and commercially confidential data. In addition to ensuring you have appropriate permissions, you should de-identify any sections of your evidence that may be identifiable or are not relevant to the evaluation.

7. EVIDENCE EXAMPLES

Examples of information that may be included in a portfolio as evidence of your performance is shown below and in *Figure A*.

TABLE 1.

Knowledge base/ qualifications	Postgraduate qualifications or equivalent CPD Publications
Experiential background	Documented examples of management of medication problems in complex cases Communication/defending of controversial information to multidisciplinary peers Written reports prepared for meetings and verbal presentation Member of, or provide advice to, a local, regional, national or international group or committee Written reports prepared for meetings and verbal presentation
Level of autonomy	Job description, e.g. indicating responsibility for certain activities (e.g. approving new drugs use)
Peer recognition	Invited to speak at National/International conferences Communications via various media Requests from regulatory/advisory bodies, courts of law, etc. for opinion/advice Peer reviewer for academic journal Reviews of protocols and guidelines at local or national level Provide advice to professional bodies or other agencies/organisations Multi-source feedback tools (also called peer assessment, 360-degree feedback, peer review, peer rating) Awards from professional bodies
Influence on practice	Development of treatment guidelines, protocols or standards of practice at a local or national level Introduction of new services or new ways of working; introduction of systems to reduce medication risk Contribution to a local strategy for quality use of medicines Implementation of trial data into local practice procedures and policy Quality improvement projects (e.g. Documented audits of prescribing quality) Published research papers Editor of reference book or chapters in specialist area Leader of development and adoption of new policy or procedure at national level Performance appraisal for staff

FIGURE A

Examples of evidence to be included in a portfolio demonstrating development towards advanced practice (adopted from S Stacey with permission).

Testimonial statements, e.g. from colleagues, should generally be reserved for confirming your contribution to the outcome and impact when this is not clear from other evidence submitted. They would not typically be included in isolation.

8. USING ASSESSMENTS AS EVIDENCE

Evidence of performance can take many forms and be gathered from a number of sources, as described above. You may wish to use objective assessment results as evidence. In such cases, a formal assessment of your professional performance may be included in a portfolio. Assessments may be conducted by various entities. The role of advancing practice evaluators is not to conduct these assessments, but rather to validate evidence (i.e. what the results of the assessment demonstrate). If you intend to include the results of an assessment in your portfolio, you should consider the credibility of the assessing entity and its processes.

Assessments may include multi-source feedback (MSF e.g. 360° feedback reviews, mini-peer assessments [mini-PAT]), examinations, OSCEs, vivas, case based discussions, and direct observations such as SHPA ClinCAT.

Where assessments are used as evidence of performance, individuals should ensure that what is being assessed is relevant to the performance criterion the result will be used to demonstrate. Miller's pyramid is commonly used to map assessment methods (see Figure B). A true assessment of performance will be at the 'does' level of the pyramid.

FIGURE B

Figure B: *Miller's pyramid*
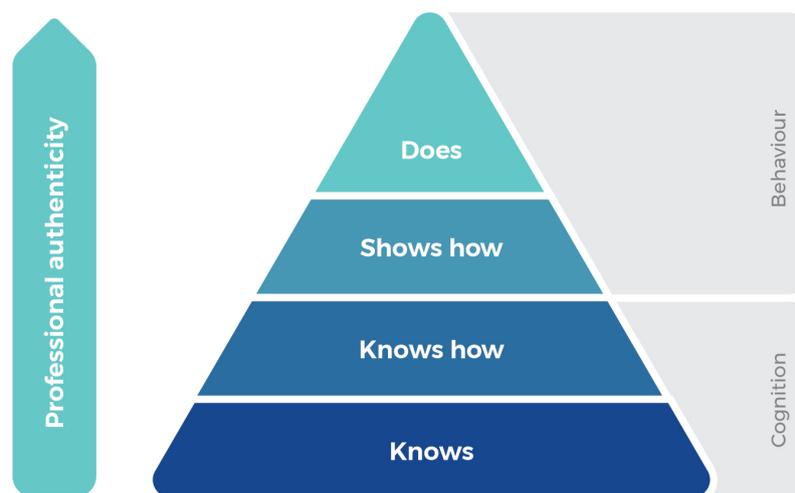
For any assessment result/outcome that is included in a portfolio, the validity and reliability of the assessment methodology will also be considered.

- **Validity** refers to the extent to which the assessment method measures what it is supposed to measure, and includes content validity and construct validity. Content validity is a measure of whether the assessment is relevant, appropriate and representative of the skill being assessed. Construct validity is whether an assessment is actually measuring the skill that it claims to be measuring.

- **Reliability** is the degree to which an instrument produces the same results with repeated administration

For a summary of different types of assessments see **Appendix 1**.

For some assessments, information to confirm the validity of the assessment may be as straightforward as providing a link to the website that describes the exam (e.g. for Board of Pharmacy Specialties exams, a link to www.bpsweb.org with a certified copy of your exam results would be sufficient).

For other assessments, a web link to information about the assessment tool and the context in which it has been validated may be readily available for including in your portfolio. However, you will still need to demonstrate that the administration of the assessment was also undertaken in a manner consistent with that validation process (e.g. by someone trained in its use).

8.1 Multi-source feedback

As part of your application you must complete some form of multi-source feedback.

> **TIP**
>
> Multi-source feedback is a mandatory component of your portfolio. Tools and processes that have been validated will be considered more robust and the results substantiated.

The mini-PAT, and other 360 degree feedback or multi-source feedback, will provide you with constructive comments on your strengths and areas for development, as a practitioner.

The key benefits of multi-source feedback are the comments and feedback from colleagues, employers, supervisors and others in your professional circle who know the most about your work and its impact on patients. It can also be used as an important evidentiary component of your practice portfolio.

The mini-PAT is only one type of peer assessment tool. It is a survey (usually delivered online) that will be completed by your colleagues, supervisors and others who can provide informed and objective comment on your performance as a practitioner.

You will need to determine for yourself what tool will work best for you. Your Professional Member Organisation or employer may have other tools that you may wish to use.

9. CRITERIA FOR CREDENTIALING ADVANCED PRACTICE PHARMACISTS

Your portfolio will be evaluated against the 29 advanced practice enabling competencies of the National Competency Standards Framework for Pharmacists in Australia 2016.

The following criteria outline the requirements for each Stage of advanced practice recognition:

CRITERIA

Criteria 1: Completeness of Competencies

Criteria 2: Mandatory Area performance (Expert Professional Practice area)

Criteria 3: Consistency of performance

Criteria 4: Consistency of performance – Majority requirement

Criteria 5: Consistency of performance - One Stage Below

Criteria 6: Consistency of performance - Advanced Practice Areas

> **TIP**
>
> More detailed information about these criteria can be found in Appendix 2.

More detailed information about these criteria can be found in Appendix 2.

10. THE EVALUATION OF YOUR PORTFOLIO AND RECEIVING FEEDBACK

Your portfolio will be evaluated by an evaluator panel made up of two members.

Evaluators are specifically selected for their skills and expertise in assessment and feedback. They undergo training and will have their evaluations moderated for consistency.

Evaluator panels will be selected specifically for the individual pharmacist's portfolio to minimise any conflicts of interest.

On assignment of a portfolio, each evaluator will independently consider and evaluate the evidence against the advanced practice enabling competencies and performance criteria in the National Competency Standards Framework for Pharmacists in Australia 2016.

Evaluators will complete their evaluations and send their results back for collating. If there is no consensus between the two evaluator panel members for a particular advanced practice enabling competency, there will be an opportunity for the panel to discuss their findings with each other to attempt to resolve any anomalies in evaluation and to clarify their findings. If the Panel is unable to reach consensus, a third panel member will be selected as a moderator and who will independently evaluate the evidence for that competency and make the final outcome decision.

Once the evaluator panel recommendation for your submission has been verified, and endorsed by the Advancing Practice Advisory Board (APAB) you will receive:

- An Outcome and Feedback Report (feedback about the performance stage assigned for each advanced practice enabling competency, and rationale to explain the evaluation). This will guide your future advancing practice and professional development goals.
- A Certificate of Stage of Advancement and award of credential, if applicable (i.e. recognised at Stage 1; Stage 2; or Stage 3).

11. YOUR NEXT STEPS

The feedback you receive following the evaluation of your portfolio will not only provide clarity on the rationale for the outcome of the evaluation but can also be used to support and encourage your ongoing professional development and learning plans.

Building a portfolio, and participating in the process of evaluation, should be included on your curriculum vitae (CV) as it demonstrates to prospective employers your initiative in progressing your skills and career and dedication to the pursuit of excellence.

It is also important to recognise that learning and development are part of a lifelong journey. You should review your Outcome and Feedback Report, as it will provide clear information about advanced practice competencies where you can focus your attention.

12. CHECKLIST

Before submitting your practice portfolio you should check the following:

☐ Is there evidence mapped against each advanced practice enabling competency in the National Competency Standards Framework for Pharmacists in Australia 2016?

☐ Have I self-assessed and assigned a performance criterion for each advanced practice enabling competency?

For each advanced practice enabling competency:

☐ Does my evidence clearly align with the advanced practice enabling competency to which it is mapped?

☐ Does my evidence clearly align with the performance criteria described for the specific performance stage that I have identified?

☐ Is the evidence the best example of my performance for this advanced practice enabling competency?

☐ Is it clear that the evidence relates to my contribution to the outcome? Or, if part of a collaborative effort, is my input to achieving the outcome clear and confirmed by a third party?

☐ Does the evidence demonstrate my current and sustained performance?

☐ Does the evidence I am providing meet relevant privacy laws and policies relevant to me?

☐ Have I adequately explained how the evidence is relevant to demonstrating this advanced practice enabling competency at the identified performance stage (i.e. in the Context and Impact Statement)?

If not, it should be considered whether additional evidence is needed to support the claim.

Does the evidence exist? Or is further professional development and career progression required?

APPENDIX 1. A SUMMARY OF DIFFERENT TYPES OF ASSESSMENT[3]

Assessment type	Summary	Example questions to evaluate validity and reliability
Multiple choice questions	MCQs are mainly useful for assessing knowledge base, thus they assess at the 'knows' level of Miller's pyramid. Whilst this provides evidence of a practitioner's knowledge, it may not assess overall competence or the ability of the practitioner to put theoretical knowledge into practice. Well-constructed MCQs can be used to test higher order cognitive processing such as interpretation, synthesis and application. To fully assess an individual, it is recommended that MCQs are used strategically to test important content along with other assessments that test practical competence.	Were the questions reviewed prior to the assessment by reviewers who have both clinical and tool design expertise? (MCQs have a high level of reliability because they have an objective scoring process.)
Objective Structured Clinical Examination (OSCE)	OSCEs can be used to test a wide range of clinical, technical and practical skills. They are also useful in the assessment of higher order skills associated with problem solving. The OSCE can also assess behavioural, interpersonal and communication skills. The OSCE has the benefit over other assessment techniques in that candidates can actually demonstrate competence to an examiner; it therefore sits at the 'shows how' level of Miller's pyramid. It is worth noting, however, that any simulation is not going to achieve the same level of assurance as observing actual clinical practice, where the 'does' level in Miller's pyramid can be assessed.	Were the questions reviewed prior to the assessment by reviewers who have both clinical and tool design expertise? How is reliability maximised? How many stations were used? What design features maximise inter-rater reliability (e.g. number of examiners per station, quality checks)? How was the scoring tool designed and chosen to maximise reliability? Were checklists used?
Multi-source feedback (MSF)	MSF is the process by which an individual receives feedback on their work performance from peers, managers and subordinates. Other descriptors include	As MSF tools vary, there is a need to demonstrate validity and reliability for each individual tool. For example,

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[3] Adapted from: Australian Pharmacy Council Advanced and Extended Practice Steering Committee. Advanced and Extended Pharmacy Practice- an environmental snapshot. Canberra: Australian Pharmacy Council Limited; September 2013.

Assessment type	Summary	Example questions to evaluate validity and reliability
	peer assessment, multisource assessment 360-degree feedback, 360- degree appraisal, peer review and peer rating. MSF tools typically collect information in the form of rating scales, but usually allow the rater to add qualifying statements in the form of text. Although MSF was originally developed by industrial organisations to improve leadership qualities, its use is becoming increasingly common at a global level to provide evidence of professional behaviours in healthcare. (Feedback may be sought, e.g., from pharmacist colleagues, other health professional colleagues, staff and patients.) Due to concerns regarding the objectivity of rater assessment, they should not be used in isolation to inform decisions about practitioner competence, but can be a useful indicator of professional practice.	the number of peer assessors required to ensure reliability varies remarkably from study to study and tool to tool.
Case based discussion (CbD)	A CbD involves a comprehensive review of a clinical case between a practitioner and an assessor. The practitioner will typically prepare and present a case that they have been significantly involved with. It allows assessment of clinical decision-making, professional judgement, application of knowledge and professionalism. However, as the practitioner can reflect on the case and research and prepare information in anticipation of questions, it may not truly reflect the practitioner's knowledge base and clinical decisions at the time of their involvement with the patient. In order to standardise assessment, CbD tools have been developed.	Are standardised assessment and rating tools used? Are the tools validated? Are instruction sheets for examiners prepared with standardised questions?

Assessment type	Summary	Example questions to evaluate validity and reliability
Direct observation of competency	Direct observation is an important element of both training and assessment of a practitioner, and involves the assessor observing the practitioner in a working environment. Direct observation is the only method of assessing the 'does' level of the Miller's pyramid. It can be used to assess a wide skill set including knowledge, practical skills, communication, judgement, decision making, professional relationships, workload management and professionalism. Numerous tools have been developed to facilitate assessment of competency by direct observation, including the mini Clinical Evaluation Exercise (mini-CEX). There is a considerable body of evidence for the reliability of the mini-CEX form. Validity evidence is scarce for the use of tools as a summative assessment method.	A validated assessment tool should be used to facilitate direct observation.

APPENDIX 2. DETERMINATION OF OVERALL CREDENTIALING LEVEL

CRITERIA FOR DETERMINATION OF OVERALL CREDENTIALING LEVEL

Criteria 1: Completeness of Competencies

Participants must provide a response with evidence to all competencies, otherwise no Credentialing Level can be awarded for those competencies. Participants who do not have evidence of the impact of their practice for specific competencies may address these competencies with a brief reflection and plan in lieu of an impact statement. Participants should note that this will impact the overall credentialing level they are able to obtain.

Peer Feedback must be explicitly included as evidence for some or all competencies, otherwise no Credentialing Level can be awarded.

Criteria 2: Mandatory Area performance (Expert Professional Practice area)

The area of Expert Professional Practice within the Competency Standards (Competency Standard 1.5 – Apply expertise in professional practice) is critical to advancing practice recognition and credentialing.

Participants must achieve a Performance Level Outcome equal to or greater than the Credential Level at ≥70% of the competencies in Domain 1.5.

Criteria 3: Consistency of Performance

The Credentialing Level will indicate performance across all of the Competencies and Domains. This Criteria is met with Criterias 4, 5, and 6.

Criteria 4: Consistency of Performance (Majority Requirement)

Participants must receive a Performance Level Outcome equal to or greater than the Credentialing Level in two thirds of all competencies (20 out of 29 competencies)

Criteria 5: Consistency of Performance (One Stage Below)

To be awarded an overall Credentialing Level at Stage 3, no competencies can be assessed at a Performance Level Outcome less than Stage 2.

For other Credentialing Levels, this rule does not apply, and the portfolio may have individual competencies assessed at more than one stage below, provided the other majority requirement criteria are met.

Criteria 6: Consistency of Performance (Advanced Practice Areas)

Participants must achieve Performance Level Outcomes equal to or greater than the Credentialing Level at ≥50% of the competencies within at least two Domains from Domains 2, 4 and 5.

CRITERIA ASSESSMENT MATRIX

The overall credentialing level is the highest level below for which ALL criteria can be met.

	STAGE 3	STAGE 2	STAGE 1
CRITERIA 1	All competencies replied to with evidence and impact statement	All competencies replied to with evidence and impact statement – or, for competencies where participant feels evidence is not available, a brief reflection and plan	All competencies replied to with evidence and impact statement – or, for competencies where participant feels evidence is not available, a brief reflection and plan
CRITERIA 2	>70% of competencies in Domain 1.5 assessed at Stage 3	>70% of competencies in Domain 1.5 assessed at Stage 2 or above	>70% of competencies in Domain 1.5 assessed at Stage 1 or above
CRITERIA 3	No specific requirements (met by other Criteria)	No specific requirements (met by other Criteria)	No specific requirements (met by other Criteria)
CRITERIA 4	At least two thirds (20) of competencies assessed at Stage 3	At least two thirds (20) of competencies assessed at Stage 2 or above	At least two thirds (20) of competencies assessed at Stage 1 or above
CRITERIA 5	No competency assessed below Stage 2	No requirement	No requirement
CRITERIA 6	≥50% of competencies assessed at Stage 3 in 2 domains from Domains 2,4 and 5	≥50% of competencies assessed at Stage 2 or above in 2 domains from Domains 2,4 and 5	≥50% of competencies assessed at Stage 1 or above in 2 domains from Domains 2,4 and 5