AUSTRALIAN COLLEGE OF PHYSIOTHERAPISTS

Advanced Practice Physiotherapist Titling Evidence Portfolio Pathway Pilot Handbook

Version 1.0 July 2026 (Pilot)

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

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Advanced Practice Physiotherapist Titling Overview

In recent years, Advanced Practice Physiotherapist roles have developed within Australian health services, particularly in emergency departments and specialist outpatient clinics. In these roles, physiotherapists may undertake advanced clinical assessment, diagnostic reasoning, investigations and patient management responsibilities historically undertaken by medical practitioners.

Despite the expansion of these roles, there remains variation nationally in education, competency assessment and credentialing processes. The APA National Advanced Practice Physiotherapy Competence Framework was developed to address this gap and define expectations across the seven roles and 26 competencies for physiotherapists practicing at Milestone 3: Highly Developed and Milestone 4: Expert, in Advanced Practice roles.

The proposed Advanced Practice Physiotherapist (APP) Titling Evidence Portfolio Pathway, outlined in Chart 1, has been designed to support implementation of this framework and provide a nationally consistent mechanism to credential physiotherapists working in autonomous advanced practice roles.

The Advanced Practice Physiotherapist Titling Evidence Portfolio Pathway Pilot is only available to advanced practice roles in public health services in Emergency Departments and Speciality Musculoskeletal-type Outpatient Clinics. It is envisaged that other Titling advanced practice clinical setting roles, including those other than musculoskeletal physiotherapy, will become available in the future.

The handbook provides a comprehensive outline of the requirements, fees and timeframes of the APP Titling Evidence Portfolio Pathway and must be read prior to application.

Pilot

This pathway is currently being piloted (2026). Assessment processes, documentation and requirements may be refined during and following the pilot period based on candidate, assessor and stakeholder feedback.

Governance

The pathway is administered by the Australian Physiotherapy Association, and assessment outcomes are ratified through Australian College of Physiotherapists governance processes.

Reference Documents

APA National Advanced Practice Physiotherapy Competence Framework

Statement from the APA on Advanced Practice Physiotherapy (Oct 2024)

APA Fact Sheet – Advanced Practice

ADVANCED PRACTICE PHYSIOTHERAPY TITLING

Essential Eligibility Requirements

Are you currently:

- an Ahpra registered physiotherapist;
- working in an APP role within a public health service; and
- a member of the APA and the APA Advanced Practice National Group?

YES

NO

You are not eligible to apply

Application Pre-requisites

Option 1:
Do you hold an APA-recognised Master's degree (Musculoskeletal or Sports & Exercise Physiotherapy) with supervised clinical practice?

Option 2:
Can you demonstrate extensive Musculoskeletal and/or Sports and Exercise Physiotherapy learning and experience (this can be both prior to and during APP training), including:

- completion of 150 hours of mentored clinical practice; and
- 200 hours of formal and informal clinical Professional Development/Learning.

YES

Workplace Requirements

Can you demonstrate that you have:

- undertaken comprehensive work-based learning for your specific APP role, addressing gaps in your prior capabilities for this role;
- undertaken clinical supervision whilst learning your APP role from appropriately experienced clinician(s);
- had your capability for autonomous APP formally assessed by your employer/supervisor

YES

NO

You are not eligible to apply

Eligible to apply

- Submit application form
- Upon acceptance into the pathway, you are required to submit an evidence portfolio demonstrating competency at Milestone 3 of the Advanced Practice Physiotherapy Competence Framework, including all requirements outlined in the APP Titling EPP Handbook.

Evidence Portfolio Pathway Process Overview

The intention is to pilot the Pathway with up to 15 candidates, reflecting a broad mix of participants. Therefore, for the Pilot, EOI submissions will NOT involve any payment. Those selected will be offered the opportunity to formally apply as per Phase 1 below.

There are three distinct phases that an Advanced Practice Physiotherapist candidate must successfully meet to be awarded the APA Titled Advanced Practice Physiotherapist credential:

Phase 1: Application

Applicants must meet eligibility and pre-requisites requirements and pay the application fee via the online Advanced Practice Titling Application Form.

Once submitted, the application may take up to 4 weeks to be processed.

Phase 2: Evidence Portfolio Submission

Submission comprises the following requirements:

- Component I: Show Portfolio
- Component II: Cultural Capability Reflection
- Component III: Critical Reflection

- For the pilot, the evidence portfolio must be submitted within ***12 weeks from the date of receipt of the portfolio submission platform log in***
- Portfolios may take up to 4 – 6 weeks to be assessed, however this may be subject to change without notice
- Candidates must successfully meet all requirements of the Evidence Portfolio Submission before progressing to Phase 3: Viva Voce

Phase 3: Viva Voce (online)

- Eligible candidates will be invited via email to sit the Viva Voce, timeframe TBD
- Candidates will be expected to answer questions regarding one of their three (3) portfolio case studies. This case will be selected by the assessors
- Candidates must pass the Viva Voce before being awarded the APA Titling Advanced Practice Physiotherapist credential by the Australian College of Physiotherapists

Phase 1: Application - eligibility and pre-requisites

To apply for the APA Advanced Practice Physiotherapy Titling Evidence Portfolio Pathway, applicants must meet the following eligibility and pre-requisite criteria:

1. Current AHPRA registration without restrictions[1]
2. Current member of the Australian Physiotherapy Association (APAM)
3. Current member of the APA Advanced Practice National Group
4. Demonstrate continuous area practice experience of at least 3 years, this may include general musculoskeletal practice, but applicants must have at least 1 year of advanced practice experience
5. Demonstrate recency of practice requirements, which may include general musculoskeletal practice, but applicants must have at least 1 year of advanced practice experience
6. **Confirm current employment in an autonomous advanced practice (AP) role in the public sector,** in one or more of the clinical settings listed in Table 1 (below), by provision of a formal advanced practice job/position description/specification
7. Confirm whether applying via Option 1 or 2 (refer to Chart 1)
   - **Option 1:** Applicant holds an APA-recognised Masters of Musculoskeletal Physiotherapy or Masters of Sports and Exercise Physiotherapy, which included supervised clinical practice

   OR
   - **Option 2:** Applicant does not meet criteria for Option 1 but can demonstrate that they have extensive relevant Musculoskeletal learning and experience
8. Confirm that they will be able to provide a Comprehensive CV (template) outlining:
   - **30 hours CPD relevant to area of advanced practice**
   - Continuous and recency of practice as defined above
   - **comprehensive work-based learning for the specific APP role** undertaken, addressing gaps in prior capabilities for this role AND
   - **clinical supervision whilst learning APP role** undertaken from appropriately experienced clinician(s) AND
   - **capability for autonomous APP formally assessed by their employer/supervisor** and endorsed by their employer
9. Confirm that they will be able to provide a completed Physiotherapy Director/Manager Letter of Endorsement
10. Indicate which clinical setting (ED OR Spinal/Peripheral Specialist Screening Clinic) will be assessed. The candidate must select only ONE of the clinical settings outlined in Table 1 for the primary focus of their Evidence Portfolio submission. It is acknowledged that some APPs work in more than one AP area however to enable assessment of depth of knowledge and clinical reasoning in the Practitioner role, the focus will be on the one chosen key clinical area. The candidate may present relevant information from their other AP clinical areas in the evidence portfolio for domains of Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional

[1] Overseas-qualified members must have a minimum three (3) years continuous practice area experience from the date of full registration to work as a Physiotherapist in Australia

Phase 2: Evidence Portfolio Submission and Assessment

Candidates progress to the Evidence Portfolio Submission phase once their application has been approved and they have paid the required application fee. Applications may take up to 4 weeks to be processed.

The evidence portfolio must be submitted within ***12 weeks from the date of acceptance*** *into the APP Titling Evidence Portfolio Pathway.*

The evidence portfolio must clearly demonstrate the complexity and breadth of patients managed within the Titled Advanced Practice Physiotherapist Clinical Practice Domains outlined in **Table 2** and **Table 3**, relevant to their nominated primary clinical setting (**Table 1**).

Table 1: Clinical Setting/Area
Emergency Department
Spinal Specialist Outpatient Clinic (Orthopaedic and/or Neurosurgery)
Peripheral joint Specialist Outpatient Clinic (Orthopaedic) excludes Fracture and Post Arthroplasty clinics at this time.

Table 2. APP Clinical Practice Domains
a) Spine related presentations - axial and peripheral b) Atraumatic peripheral presentations c) Peripheral trauma presentations d) Post surgical presentations

The candidate's evidence should also incorporate all additional context considerations relevant to their area of practice outlined in **Table 3**. The applicability of these considerations will depend on the Clinical Setting selected as the practitioner focus for the Evidence Portfolio and the Clinical Practice Domains deemed appropriate to that setting. For example, areas such as paediatrics or wound assessment and management may not be relevant for some clinicians and therefore would not be expected to be included in their portfolio submission.

Table 3. APP broader contextual factors

Population contexts
• Across the lifespan (e.g. geriatrics, paediatrics)
• Cultural, social, and environmental factors
  ○ Clients from culturally and linguistically diverse background
  ○ Domestic and family violence or injury due to alleged assault

Knowledge, skill and reasoning contexts • Wound assessment and management • Pharmacology (e.g. medication history, analgesia, medication interactions including polypharmacy) • Radiology and other investigations (eg indications, safety, interpretation) • Pathology (eg indications) • Assessment and management of complex undifferentiated presentations (eg differential diagnosis)

• Co-morbidities and their implications in the clinical context (e.g. osteoporosis, neurological conditions, diabetes) • Sinister pathologies and/or medical masquerading conditions (eg differential diagnosis) • Clinical management of relevant diagnoses
Role contexts • Expert opinion to patient, relevant others and multiprofessional stakeholders • Management pathway planning including medical speciality referral

The evidence portfolio should demonstrate advanced practice capability at Milestone 3: Highly Developed.

Successful candidates will typically demonstrate:

- depth and breadth of advanced practice experience
- evidence of autonomous clinical decision-making in complex clinical environments
- effective management of clinical complexity and uncertainty
- influence beyond direct patient care, including leadership, collaboration, teaching and/or service improvement activities
- critical reflection and insight into their professional practice.

The evidence portfolio submission consists of three (3) components:

Component I. 'Show' Portfolio

The 'Show' Portfolio enables the candidate to demonstrate how they meet the 26 key competencies of the APA National Advanced Practice Physiotherapy Competence Framework at Milestone 3 (Titling). The key competencies correspond to the seven roles of AP Competence Framework: Practitioner, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional.

The expected capabilities of an APA Titled Advanced Practice Physiotherapist are outlined in **Appendix 1**. Candidates are encouraged to review these capabilities when preparing their portfolio and supporting evidence, as they represent the overarching standard expected at Milestone 3: Highly Developed.

The 'show' portfolio should demonstrate highly developed clinical knowledge, skills, competence and reflective practice of an Advanced Practice Physiotherapist at Titling Milestone 3, and must include **ONLY** the following mandatory evidence documents:

Templates

- **Letter of Endorsement** signed by the Director/Manager of physiotherapy (template)
- **Comprehensive CV** (same as at application) including work, and professional development (particularly musculoskeletal), advanced practice education and training, research and teaching (template). *Candidates who do not hold an APA recognised Masters by coursework in Musculoskeletal or Sports and Exercise Physiotherapy must provide estimates of hours of general musculoskeletal mentored clinical practice and formal and non-formal learning via the comprehensive CV*
- **APP Titling Show Portfolio – Evidence and Justification** (template)

- 3x **Workplace Based Assessments[2] for Emergency Department** (template) *or* **Screening Clinics** (template)
    - Note, one WBA can be done up to 5 years prior to submission, but candidate must map to APA AP competencies.
    - These are a hurdle requirement to provide evidence that the applicant has had their capability for autonomous APP formally assessed by their employer/supervisor with a small number of patients in their specific clinical setting of advanced practice.
    - All 3 WBAs are to balance workload in the clinical setting with assessment of breadth of presentation domains / factors listed in Table 2 and Table 3 (above)
    - It is preferable for different assessors to conduct the WBAs. The assessor may be a medical specialist or consultant in the relevant area, or the lead advanced practice physiotherapist for the specific clinical area, depending on local organisational requirements
    - The level expected is of performance indicator/s to an adequate standard at the level of a highly developed advanced practice physiotherapist as outlined in the relevant template. All three WBA need to demonstrate a score of 2/4 for all indicators not marked N/A.
    - Detailed guidance is provided in the supporting templates
- 3x **Case Studies** (Advanced Practice Titling Evidence Portfolio Pathway Case Study Template)
- Copy of Degree for APA recognised Master's by coursework in Musculoskeletal Physiotherapy or Sports and Exercise Physiotherapy (if applicable)

The Evidence Portfolio will be assessed against the 26 key competencies outlined in the Show Portfolio – Evidence and Justification template and (**Appendix 2**). Assessment will consider the relevance of the submitted workplace-based assessments, case studies and other mandatory evidence, together with the clarity and reasoning of the candidate's justification against the assessment rubric.

Component II. Cultural Reflection

Using the Cultural Capability Reflection template, the candidate must write and/or submit an audio-visual reflection on their Aboriginal and Torres Strait Islander cultural capability development. The reflection must not exceed a word limit of 2000 (+/-10%) or approximately 10 minutes for audio-visual content.

The cultural capability reflection must address the following requirements:

- How has your cultural development impacted your practice?
- How have the cultural and social determinants of health contributed to your clinical practice?
- How will your journey continue/change in the future?

Refer to the Cultural Capability Reflection Assessment Rubric in **Appendix 3**

[2] *Workplace-Based Assessments provide direct evidence of performance in the candidate's real-world advanced practice environment and are intended to complement the evidence portfolio and Viva Voce by demonstrating autonomous clinical practice.

Component III. Critical Reflection

Using the Critical Reflection template, the candidate must write a critical reflection on their career to date. The reflection should not exceed a word limit of 2000 (+/-10%) or approximately 5 minutes for audio-visual content.

The critical reflection should address the ***Physiotherapy Career Attributes*** and reflect the candidate's personal and professional growth throughout their career journey. It should highlight key personal and professional transformations, showcasing a deep understanding and insight into their practice at Milestone 3: Highly Developed standard.

Refer to the Critical Reflection Assessment Rubric in **Appendix 4**

Standard of writing, referencing style and redaction

Writing for the Titling EPP requires a high standard of rigor, clarity, and professionalism. The portfolio should demonstrate the candidate's highly developed clinical knowledge, critical thinking and reflective practice, supported by evidence-based practice.

Refer to the Standard of writing, referencing style and redaction document on the Titling Evidence Portfolio Pathway webpage.

Evidence Portfolio Assessment Outcomes

Assessment of the evidence portfolio (Components I, II and III) is undertaken by two assessors. Assessors participate in training and calibration activities to support consistency and fairness of assessment decisions.

Candidates will receive one of the following outcomes:

- **Required Standard: Met**

  All portfolio requirements have been successfully met, and the candidate is eligible to proceed to the Viva Voce.

- **Required Standard: Not Yet Met**

  Where only specific components have not met the required standard, candidates will only need to resubmit those components. Candidates should review the associated timelines and feedback before proceeding

Candidate Feedback: Candidates may receive at the discretion of the assessors:

- Structured written feedback from assessors
- Feedback aligned to the key and enabling competences and/or competence framework roles
- Commentary outlining strengths and areas for further development
- Guidance to support progression or resubmission, where applicable

To maintain fairness, consistency, and integrity of the assessment process, completed assessment rubrics are not released to candidates.

Once all requirements of the Evidence Portfolio submission have been successfully met, the candidate will proceed to the online Oral Viva Voce (Phase 3).

Phase 3: Viva Voce (online)

The clinician examination is a 90-minute online exam with two assessors. It will allow the candidate to demonstrate a spectrum of their knowledge, skills and reasoning in a broad array of scenarios relevant to the range of their APP practice.

The exam is conducted via a videoconferencing (Zoom) platform at a mutually agreed time. (The ACP supplies the Zoom platform link). The exam is recorded; however, these recordings are deleted once the assessment decision is finalised.

The format will be seven separate questions or scenarios. Five (5) of the seven (7) scenarios will focus largely on the Practitioner role of the Advanced Practice Competency Framework, with the remaining two (2) focused more on the other six (6) competency framework roles (Communicator, Collaborator, Leader, Scholar, Health Advocate and Professional).

In one (1) scenario, candidates will be expected to answer questions regarding one of their three (3) portfolio case studies. This case will be selected by the assessors. The candidate should prepare to be asked questions about any of their three (3) case studies.

The remaining six (6) scenarios will assess a range of practice-based activities relevant to advanced practice physiotherapy, including:

- direct client care, such as vignette-based case discussion, radiology interpretation, pathology indications, pharmacology knowledge, indications for medical intervention, workplace decision-making or other field-relevant practice activities;
- activities linked to the other six competency roles, such as multidisciplinary teamwork, synthesising and summarising complex client information, leadership responsibilities, service improvement, evidence-based practice, teaching in advanced practice physiotherapy, and regulatory challenges in practice

Preparing for the Viva Voce

It is recommended that the candidate prepares by:

- using exemplar scenarios and questions provided for practice purposes
- undertaking practice sessions, with colleagues/supervisors/mentors as part of their preparation, actively seeking feedback
- practicing under similar time constraints, allowing them to personally review, reflect on, and critique their performance under assessment conditions
- ensuring familiarity with technology required for Viva

Assessment Process, Scoring and Outcomes

The Viva is assessed by two assessors using standardised assessment instruments. Each scenario is assessed as Met to an exceptional standard (4), Met to a good standard (3), Met to a satisfactory standard (2), Not yet met (1), or Not met (0)

To achieve an overall Met (2,3 or 4) outcome:

- **Clinical/practitioner-focused scenarios:** candidates must achieve a rating of 2 or higher in each of the five scenarios. A rating of 0 or 1 in any clinical/practitioner-focused scenario results in an overall Not Met outcome.
    - The Viva Voce is assessed as Not Met if any clinical/practitioner-focused scenario is rated Not Met/Not Yet Met, even where the other competency-focused scenarios are rated Met
- **Other competency-focused scenarios:** candidates must achieve a rating of 2 or higher in at least one of the two scenarios. A rating of 1 in one of these scenarios may still result in an overall Met outcome if all other requirements are met

Possible assessment outcomes are:

- **Met:** Both assessors determine the candidate has met the required standard.
- **Not Yet Competent:** Both assessors determine the candidate has not met the required standard
- Split decision (one Met, one Not Yet Competent):
    - If consensus cannot be reached, a third independent assessor will be appointed (this will extend the time to deliver the results to the candidate)
    - The third assessor will be blinded to the previous assessors' marks and feedback to maintain independence
    - The final result will be determined by a majority decision (two of three assessors).

Feedback and Quality Assurance

Candidates will receive written feedback outlining strengths and areas for further development.
All assessment documentation is retained by the APA for governance and quality assurance purposes.

Outcome notification is within approximately 6 weeks of post Viva Voce. These are indicative and subject to assessor availability and operational requirements.

Re-sit arrangements

Candidates who are unsuccessful in their first attempt may apply to re-sit the viva voce within 12 months of their original outcome. The re-sit process mirrors the initial Viva Voce.

Candidates are strongly encouraged to review assessor feedback and undertake targeted preparation, including mentor support, prior to re-sitting.

Fees

Candidates selected for the pilot will receive a significant fee reduction.

The APA will deduct $1,530 from the current Evidence Portfolio Pathway fee structure. The total cost for a candidate who completes the entire pathway will be $1,860, excluding any reassessment fees.

Fee type	Cost (incl. GST)
Application assessment fee	$330
Portfolio assessment fee	$1,530
Portfolio re-assessment fee (if required)	$545
Viva voce assessment	$1,530
Viva voce re-sit (if required)	$1,530

Appeals, Complaints and Grievances

Appeals, complaints and grievances will be managed in accordance with the ACP Policies and Procedures. Appeals may be made where a candidate believes a procedural or administrative issue has affected their assessment outcome. Information, policies and forms are available under ACP Policies and Procedures on the APA website https://australian.physio/aboutus/governance

Glossary

Academic & Experiential Candidate	Candidates that hold an APA recognised post-graduate Masters degree in either Musculoskeletal Physiotherapy or Sports & Exercise Physiotherapy that included supervised clinical practice.
Adverse Event	"An incident that results, or could have resulted, in harm to a patient or consumer. A near miss is a type of adverse event." ACSQHC, 2021, p.73
Autonomous (APP context)	In their workplace role, advanced practice physiotherapists have • "freedom to exercise their professional judgment and decision making, wherever they practice, within the physiotherapist's knowledge, competence and scope of practice". • "the actions of individual physiotherapists are their own responsibility, and their professional decisions cannot be controlled or compromised by employers, members of other professions or other individuals." From World Physiotherapy (WCPT) policy statement "Autonomy"
Appropriately experienced clinician	The supervisor needs to have the qualifications, skills, knowledge, experience and availability required for this role (AHPRA). This will be a clinician highly experienced in the candidate's specific clinical area. They may be a senior medical colleague or an advanced practice physiotherapy supervisor or an advanced practice physiotherapist more experienced in the specific clinical area.
Clinical Mentor	A clinical mentor provides professional advice and direction in the clinical setting through a partnership with the mentee. The mentor should be an appropriately experienced clinician and possess clinical expertise, act as a role model and create a highly supportive learning environment conducive to individual learning and the application of clinical reasoning. based on IFOMPT standards document
Clinical reasoning	Clinical reasoning can be defined as a reflective process of inquiry and analysis carried out by a health professional in collaboration with a patient with the aim of understanding the patient, the patient's context and the patient's clinical problem(s) in order to guide evidence-based practice Jones M (2019) Clinical Reasoning: Fast and Slow Thinking in Musculoskeletal Practice, p. 2-31. In: Jones M, Rivett D (Eds) Clinical reasoning in musculoskeletal practice. 2nd edition
Clinical supervision	Supervised practice may be direct, indirect or remote (AHPRA) by appropriately experienced clinicians as supervisors. This will likely be a dynamic and responsive to the level of the APP's knowledge and skills. It may initially include substantial period of direct supervision, with more indirect supervision as growth occurs. It will guide the clinician on the path to autonomous APP practice. It is to ensure that the supervisee is practising safely, competently and ethically AHPRA Supervised Practice Framework
Competence	The combination of knowledge, skills, abilities and attributes that are required for a person to be successful in a role. Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners 2015
Credentialing	The formal process used by a health service organisation to verify the qualifications, experience, professional standing, competencies and other relevant professional attributes of clinicians, so that the organisation can form a view about the clinician's

	competence, performance and professional suitability to provide safe, high-quality healthcare services within specific organisational environments." NSQHS Standards 2nd ed glossary
Experiential Candidate	Candidates that do NOT hold an APA recognised post-graduate Masters degree in either Musculoskeletal Physiotherapy or Sports & Exercise Physiotherapy that included supervised clinical practice.
Formal and non-formal/ incidental learning	Refer to AHPRA Physiotherapy Board of Australia, Guidelines: Continuing Professional Development for definitions and examples of formal/non-formal/incidental learning activities
Mentored Clinical Practice	The undertaking of clinical practice under the direct supervision of a clinical mentor with the specific goal of learning and improving clinical skills. Learning can result from a constructive evaluation of the physiotherapist's clinical practice by the mentor and by observation and discussion of a physiotherapist's practice. The process usually involves substantial and regular discussion involving ongoing feedback from the mentor regarding clinical reasoning as well as manual skills (as required). based on IFOMPT standards document
Milestone 3: Highly developed	"A Physiotherapy practitioner at this level delivers safe and effective management in all but the most complex or critical client presentations in their area of practice and will be expected to be involved in mentoring/supervision, teaching, and/or research. Performance at this level is expected for a physiotherapy practitioner who has achieved at least a post entry-level qualification Masters-level degree in their area of practice, or has demonstrated competence equivalence. Performance at this level is expected of an APA Titled Physiotherapist." APA Career Pathway v7.0
Near Miss	An incident or potential incident that was averted and did not cause harm but had the potential to do so ACSQHC, 2015 (Glossary)
Practice	Encompasses the breadth of work that may be undertaken by a physiotherapist, in any environment or setting
Scope of Practice	'Scope of practice' describes the activities health professionals are educated in, competent in and legally allowed to perform. Statement from the Australian Physiotherapy Association (APA) on Physiotherapist Scope of Practice. May 2024 and Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners 2015

Abbreviations

AHPRA	Australian Health Practitioner Regulation Agency
PBA	Physiotherapy Board of Australia
APA	Australian Physiotherapy Association
APP	Advanced Physiotherapy Practice or Advanced Practice Practitioner depending on context
IFOMPT	International Federation of Manual Physiotherapists
NSQHS	National Safety and Quality Health Service (Australian)
WCPT	World Confederation for Physical Therapy

Reference documents

Appendix 1: APA Title Advanced Practice Physiotherapist

Appendix 2: 'Show Portfolio' scoring sheet

Appendix 3: Cultural Capability Assessment Rubric

Appendix 4: Critical Reflection Assessment Rubric

Mandatory templates

Attachment A: WBA Screening Clinics and Emergency Department templates

Attachment B: Show Portfolio – Evidence and Justification template (includes Decision Rubric)

Attachment C: Comprehensive CV template

Attachment D: Letter of Endorsement template

Attachment E: APP Case Study template

Attachment F: Viva Voce Sample Scenarios, Questions and Marking Guide

Appendix 1: APA Titled Advanced Practice Physiotherapist

This document outlines the capabilities expected of an APA Titled Advanced Practice Physiotherapist and should be considered alongside the key and enabling competency requirements of the pathway.

An APA Titled Advanced Practice Physiotherapist will be able to:

1) Apply comprehensive biological, psychological, social and other sciences to identify, recognise and manage a broad spectrum of complex, high risk client presentations with uncertainty and incomplete information and patients with undiagnosed presentations in the advanced practice setting.
2) Demonstrate clear knowledge and skill in identifying and acting appropriately where presentations are outside scope of practice, specifically where urgent action is required and escalate or redirect care and/or direct or request further investigation as required
3) Demonstrate advanced knowledge and skill in identifying and communicating their defined scope of advanced practice and acting with high levels of responsibility and accountably for decisions, actions and omissions, in addition to commitment to relevant clinical governance frameworks and life-long learning for the advanced practice role.
4) Demonstrate advanced level of clinical reasoning to evaluate and manage / triage referrals and or patient records to prioritise timely and appropriate pathways of care. This includes redirection to other clinics/services in accordance with organisational process, client needs and scope of the role and service.
5) Demonstrate advanced knowledge and clinical reasoning, high level planning and performance in the interview and physical assessment in the context of the advanced practice role including demonstration of:
    a) consideration for and the influence of known and unknown comorbidities including sinister pathologies and the ability to make advanced modifications to address these
    b) identification and referral for appropriate investigations or procedures
    c) identification and action when involvement of specialist colleagues is required
6) Demonstrate advanced knowledge and precise clinical reasoning in the ability to interpret and draw from a range of diagnostic and investigative tests, procedures and all assessment findings to inform differential diagnosis, diagnosis, management pathways and prognosis.
7) Demonstrate planning, establishment and implementation of a prioritised evidence-informed client–centred management plan in a skilful and safe manner in the advanced practice context, including to
    a) synthesise advanced knowledge, skills and clinical reasoning to select optimal management, interventions or procedures
    b) apply knowledge of relevant medicines including indication(s) and appropriate use and identify when input is required from expert colleagues and, within the practice context, to prescribe, administer or educate patients regarding risks and benefits of medication use
    c) Demonstrate advanced skill in monitoring the patient, recognising risks and need for change in care management, escalation or onward referral for independent or concurrent care
    d) support ongoing care, including follow-up on investigations, response to intervention, further consultation, on-referral and discharge
    e) employ shared decision-making regarding multiprofessional management options (e.g. surgical v non-surgical management pathways, specialty and allied health consultation in ED) including

relative risks and benefits, checking for client understanding and identify and appropriately refer for specialist medical / surgical or other health professionals' assessment and or input

f) identify clear indications consistent with evidence-based practice and facility guidelines for the continuation or cessation of client management.
g) provide clinical consultancy and case manage as required, based on advanced knowledge and clinical reasoning to achieve optimal outcomes
h) independently discharge the client from the health facility with a comprehensive discharge plan / handover to ensure client care is maintained, including communication with referrers or other health professionals involved in prior or future care

8) Demonstrate effective teamwork and communication in advanced scope of practice context:
    a) appropriately communicate with other relevant health providers to ensure coordinated, inter-disciplinary care is provided (where appropriate)
    b) demonstrate advanced capabilities in accurately and succinctly summarising and sharing client information and clinical outcomes with others including referring practitioners
    c) demonstrate clinical consultancy and case management in multi professional care as required, based on advanced knowledge and clinical reasoning to achieve optimal outcomes
9) Utilise the Advanced Practice role to actively educate health colleagues in best practices in the ongoing management of clients / patients

APPENDIX 2

Titling Evidence Portfolio Pathway

"Show Portfolio" Decision Rubric

AUSTRALIAN COLLEGE OF PHYSIOTHERAPISTS

APA Titling Portfolio Assessment Decision Rubric

QUALITY OF JUSTIFCATION				
EVIDENCE QUALITY		**Strong**	**Limited**	**Inadequate**
	High	Direct and relevant evidence Clear and well-reasoned justification **KC CLEARLY MET**	Direct and relevant evidence Justification relevant but limited – may lack strong reasoning or connection to the competency **KC SUFFICIENTLY MET**	Justification is weak, unclear or poorly connected to evidence and/or competency (Evidence quality does not apply) **KC NOT MET**
	Indirect	Relevant but indirect evidence Clear and well-reasoned justification **KC SUFFICIENTLY MET**	Relevant but indirect evidence Justification relevant but limited – may lacks strong reasoning or connection to the competency **KC PARTIALLY MET**	
	Insufficient	Evidence supplied is marginally relevant, unclear, and/or misaligned with respect to the competency (Quality of justification does not apply) **KC NOT MET**		

Colour Coding:

Green (Dark or Light)	**Key Competency Met:** No further information required from Candidate
Orange	**Key Competency Partially Met**: Candidate able to resubmit a limited number of KCs (3) for reassessment within 6/12
Red	**Key Competency Not Met:** Candidate required to resubmit their portfolio >12/12 to be fully re-examined

Titling Evidence Portfolio Pathway
"Show Portfolio" Decision Rubric

AUSTRALIAN COLLEGE OF PHYSIOTHERAPISTS

Criteria for Quality and Justification Ratings

QUALITY OF EVIDENCE		
Rating	**Descriptor**	**Criteria**
High	Direct and relevant evidence	- Evidence is relevant and specific to the competency - Provides direct and convincing evidence for achievement of the competency
Indirect	Relevant but indirect evidence	- Evidence is relevant but indirect with respect to the competency - Achievement of competency needs to be inferred to some extent
Low	Marginally relevant, unclear, and/or misaligned evidence	- Evidence has little or no alignment with the competency - Does not offer any meaningful evidence for achievement of competency

Notes on quality of evidence:

- High evidence reflects relevant work activities/documents which can be directly evaluated by the examiner in relation to the competency. Examples could include video evidence of clinical skills; detailed case notes; letters/reports to professional colleagues, etc, depending on the Key Competency and the Role being addressed
- Indirect evidence reflects activities/documents which are related to or reflect an appropriate context for the competency but do not necessarily show the candidate's competence 'in action'. Examples could include logbooks of patients treated; video of treatment with a simulated patient; participation in courses or CPD activities; publications or reports; performance review by supervisor; correspondence from professional colleagues, etc.
- Note that what counts as direct/indirect evidence may change according to the Role being addressed e.g. a publication in a peer-reviewed journal may be direct evidence for the Scholar Role, but indirect evidence for the Practitioner Role
- Note too that determining the evidence as direct vs indirect may also depend on the area of physiotherapy practice

Titling Evidence Portfolio Pathway

"Show Portfolio" Decision Rubric

AUSTRALIAN COLLEGE OF PHYSIOTHERAPISTS

QUALITY OF JUSTIFCATION		
Rating	**Descriptor**	**Criteria**
Strong	Clear and well-reasoned justification	- Justification clearly explains *why* the evidence is appropriate to the evidence supplied for the KC - Clearly demonstrates understanding and appropriate application of the competency
Limited	Justification relevant but limited	- Justification is relevant but lack strong reasoning or connection to the competency - Appraisal requires some inference from the examiner
Inadequate	Justification is inadequate	- Justification is weak, unclear or poorly connected to evidence and/or competency

Examples of High/Limited/Inadequate evidence

Strong justification:

The supplied evidence (*specified by candidate*) shows how I approach my treatment session with a clear objective and focus on the patient's functional needs. For example… (*elaborates on this*)

Limited justification:

The supplied evidence (*specified by candidate*) shows that I use appropriate techniques and communication with the patient… (*little or non-specific elaboration*)

Inadequate justification:

The supplied evidence (may or may not be specified by candidate) shows that I am thorough and professional in my interactions with patients… *(broad claim without specific reasoning or elaboration)*

Titling Evidence Portfolio Pathway
"Show Portfolio" Decision Rubric

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Rules for passing each role (MET / SUFFICIENTLY MET/ PARTIALLY MET / NOT MET)

Role	Key Competencies to be met
1. **Physiotherapy practitioner**	**All 4 KCs** must be **MET**
2. **Communicator**	**All 5 KCs** must be **MET**
3. **Collaborator**	At least **2 out of 3 KCs** must be **MET**, 1 **KC** may be **Partially MET**, and **no KC** can be **NOT MET.**
4. **Leader**	At least **2 out of 3** KCs must be **MET**, 1 **KC** may be **Partially MET**, and **no KC** can be **NOT MET.**
5. **Health Advocate**	At least **1 out of 2** KC must be **MET**, 1 **KC** may be **Partially MET**, and **no KC** can be **NOT MET.**
6. **Scholar**	At least **3 out of 4** KCs must be **MET**, 1 **KC** may be **Partially MET**, and **no KC** can be **NOT MET.**
7. **Professional**	**All 5 KCs** must be **MET**

Rules for Partially Met for each role

A KC is *Partially Met* when the supplied evidence and justification are indirect and limited, respectively; in other words, insufficient to confirm competency.

A *Partially Met* KC allows resubmission of additional evidence and justification within a 6/12 timeframe depending on role-specific rules:

- Four roles (Physiotherapy Practitioner, Communicator, Professional) will *require all KCs to be MET*. *Partially Met* KC/s will trigger a requirement to submit the relevant partially met KCs within 6/12.
- Some roles (e.g. Collaborator, Leader, Health Advocate, Scholar) may accept 1 *Partially Met* KC as sufficient.

Resubmission Conditions

- Must occur within a 6-month timeframe
- Only the relevant KC(s) will be reassessed by initial examiners
- If **4 or more required KCs** are *Partially Met* within a portfolio, a full resubmission of the portfolio after a minimum period of 12/12 will be automatically triggered. The full portfolio may be assessed by the initial or new examiners.

APPENDIX 3

Aboriginal and Torres Strait Islander 'Cultural Capability' Rubric

Marking criteria & standards of performance

Candidate name: Candidate ID: Date of Assessment:

Assessor Name:

Please note: Do not use AI for marking.

Reference:*(source: based on Driscoll Reflective Model & https://people.richland.edu/fbrenner/syllabus/reflectrubric.html)*

Candidate identifies as Aboriginal and/or Torres Strait Islander: Yes/No

If yes,

Identifies an area of growth / learning Yes/No

Describes the impact on practice Yes/No

If no,

Aboriginal and/or Torres Strait Islander cultural capability CPD and cultural development within the past three years Yes/No

Prior to completing the Cultural Capability Critical Reflection, candidates should consider the following:

1. Completion of cultural safety training, i.e. APC modules or equivalent course with similar learning outcomes
    a. Candidates to provide learning outcomes of courses other than APC
2. Reviewed the AHPRA code of conduct and considered current practice in relation to this.

To ensure culturally safe and respectful practice, health practitioners must:

- *Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health.*
- *Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism.*
- *Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.*
- *Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.*

Questions	Not Yet Met	Select	Unsure	Met expectations	Select
1. How does your awareness of cultural sensitivity and culturally appropriate care impact your practice?	Little to no evidence of cultural training or lived experience. Identifies training and/or lived experiences but lacks reflection on how this has, or will impact practice. Demonstrates lack of understanding of the social determinants of health in relation to First Nations peoples health and wellbeing.	☐	☐	Reflects on cultural training and/or lived experience. Acknowledges the social determinants of health and how these impact Aboriginal and/or Torres Strait Islander peoples access to, and experience in health care settings. Demonstrates cultural humility through deep reflection. Identifies and acknowledges own previous or current biases.	☐
2. What measures have you taken to ensure safe working environments for First Nations' colleagues and/or patients?	Little to no evidence of efforts to create culturally safe environments for colleagues and staff. Lacks understanding of the importance of self-determination, for example completing (or planning to complete) research, projects, etc without community/First Nations consultation	☐	☐	Demonstrates active measures taken to create culturally safe interactions with colleagues and clients. E.g. - Identifies strategies to address racism in the workplace - Recognises the potential power imbalance between First Nations colleagues/clients and non-Indigenous peoples and how this might impact interactions. - Demonstrates an understanding of self-determination and has considered or taken steps to involve community in decision making	☐
3. How will you continue your reconciliation journey, where to now? ***Consider***: What is your practice now? How might it change in the future? *Conclusion and recommendation based on the applicant's experience*	Unable to identify current gaps in knowledge and practice, or strategies to address gaps in knowledge. Limited insight into appropriate next steps in relation to their reconciliation journey.	☐	☐	Evidence of ongoing efforts, working as an ally in this space. Recognition of ongoing cultural development and identifies future learning opportunities/gaps in knowledge.	☐

Mechanics *Demonstrates well developed written communication skills - well written, clear organization, uses standard English grammar, contains minor, if any, spelling errors*	Poor sentence structure, spelling, grammar and/or word choice make the entries difficult to read and comprehend. Structure and style is inappropriate for a professional piece of writing. Further investment is required in structuring and sequencing of, and links, between sections and paragraphs. Further attention is to be afforded to standard writing conventions including sentence construction, grammar, spelling and punctuation. Many errors could have been identified with basic editing Exceeds maximum word limit of 2000 words (+/-10%) or 10 min video Display consistent deficit based or 'othering' language	☐	☐	Meets professional writing standards, sentence structure, spelling, grammar, and/or word choice are good, containing nil or very few errors. Written from first person perspective. Acronyms/abbreviations and jargon are defined/ spelled out in full before first use. Structure and style is appropriate for a professional piece of writing. Evidence of effective structuring and sequencing of, and links between, sections and paragraphs Excellent application of standard writing conventions including accurate sentence construction, grammar, spelling and punctuation. Evidence of effective editing. Does not exceed word limit 2000 (+/-10%) words or 10 minute video Strength based language approach throughout reflection.	☐
Evidence of Critical Thinking *Critical thinking includes application, analysis, synthesis and evaluation. Arguments are clear and show depth of insight into theoretical issues, originality of treatment, and relevance. May include unusual insights. Arguments are well supported.*	Makes use of existing knowledge without an attempt to evaluate/appraise knowledge; demonstrates understanding but does not relate to other experiences or personal reaction. Shows minor or incorrect application of concepts. Demonstrates some critical thinking and application of concepts.	☐	☐	Active and careful consideration of existing knowledge and articulates new understanding of knowledge as a result of experience. Demonstrates critical thinking and the ability to apply concepts.	☐

Providing Constructive and Positive Feedback to Candidates- Please note all feedback will be shared with the candidate

Assessors must provide feedback to candidates in a constructive and supportive manner to ensure a fair and transparent assessment process.

- If the candidate meets all criteria (Pass), please use the **Summary Assessor Comments: MET section** to acknowledge their strengths and highlight aspects of their submission that demonstrate competence.
- If the candidate has not met the criteria, please use **Assessor specific Comments: Not Yet Met** section to provide clear and specific guidance on areas requiring improvement, referencing the required roles.

Guidelines for Effective Feedback:

- ✓ **Use a positive and encouraging tone** – Even when pointing out areas for improvement, frame your feedback in a way that motivates candidates to refine their work. Acknowledge their efforts and progress where possible.
- ✓ **Be specific and actionable** – Clearly outline what the candidate did well and what needs improvement. If a criterion is not met, explain why and offer suggestions for development.
- ✓ **Avoid vague or generic comments** – Instead of saying "Needs improvement," specify which aspects require attention and how they can be strengthened.
- ✓ **Encourage reflection and growth** – Where appropriate, prompt candidates to reflect on their submission and consider how they can enhance their approach.
- ✓ **Ensure fairness and consistency** – Keep feedback aligned with the assessment rubric to maintain consistency across all assessments.

Cultural Capability Summary Assessment (please select): **MET/NOT YET MET**

Summary Assessor Comments: MET

(*please provide feedback)*

Assessor-Specific Comments: Not Yet Met

(*please provide comments/feedback)*

Physiotherapy Career Attributes and Critical Reflection Rubric

What are Physiotherapy Career Attributes?

Attributes in clinical practice encompass epistemological values, critical thinking, moral and ethical practice, powerful knowledge, and an interdisciplinary perspective. They go beyond employability and demonstrate your depth of understanding, higher-level skills, and commitment to ethical and effective clinical practice as a physiotherapist at different stages of your career.

The intended purpose is to apply the theory of knowledge together with clinical reasoning skills, the moral and ethical values required of the clinician and allow you to demonstrate these in your clinical practice. They do not represent curricular learnt or competencies gained, but how you reflect on your clinical practice and career against a set of attributes of clinical practice.

Remember there's no one-size-fits-all approach to this. It's essential to consider your unique interpretation of the attributes, your preferences, and aspirations when evaluating your career and clinical practice against these attributes.

Physiotherapists are:

	**Leader in Health**	A physiotherapist that advocates for high-quality patient and client-centred outcomes for all members of their communities, and that reflects the evidence and current best practice.
	**Clinically Advanced**	A physiotherapist who through expert clinical reasoning can assess and design treatments or management plans for complex clinical presentations to achieve quality outcomes that are patient centred and compliant with medico-legal requirements.
	**Research-informed**	A physiotherapist who informs clinical practice through involvement in, or integration and critical use of, research evidence, clinical expertise, patient values, and patient circumstance to provide best care and health outcomes for clients and families.
	**An Educator**	A physiotherapist with a high-level of communication skills to effectively inform, teach, and consult with clients and their support network, colleagues, health professionals, and other stakeholders to optimize the health care of others.
	**Constructive member of an interdisciplinary team**	A physiotherapist who supports patient and client outcomes across many health care settings and can identify when input from other professionals is required to optimise care.
	**Inclusive and culturally respectful**	A physiotherapist who sees the patient-as-person, considering each person as a whole, adopting person-centred and family focused (where relevant) management that prioritises cultural safety, respect and inclusiveness.
	**Global citizen**	A physiotherapist with the ability to explore the population health questions, make critical evaluations of clinical decisions, be able to develop ethical and long-term solutions to current and future health and wellbeing of the community.

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Critical Reflection on your career to date: Aligned to the Physiotherapy Career Attributes – **Marking Rubric**

Please refer to "Overall Critical Reflection Template" for marking criteria & standards of performance

Candidate name: Candidate ID: Date of Assessment:

Assessor name:

Please note: Do not use AI for marking.

Reference: *(source:* based on *Driscoll Reflective Model &* https://people.richland.edu/fbrenner/syllabus/reflectrubric.html*)*

Stage	Not Yet Met	Select	Met	Select
Stage 1: what? *Describe the situation. Description/ explanation of what was done.*		☐		☐
Stage 2: so what? *Explore the situation. Critical evaluation or relevance of what was done.* *Well-developed thoughts, ideas, and details, which shows evidence of reflection, new ideas, and grasp of concepts*	Limited/superficial insight about self or particular issue/concept/ problem as a result of experience. Little thought or detail; shows little evidence of reflection or grasp of concepts; no new ideas introduced.	☐	Articulates new understanding/insights about self or particular issue/concept/ problem as a result of experience.	☐
Stage 3: now what? *How can the new learning be translated into practice? Conclusion and recommendation based on the applicant's experience*	Shows some evidence of reflection, but not well developed; few new ideas introduced but reflects a grasp of concepts presented.	☐	Well-developed; shows evidence of reflection and/or metacognition; new ideas introduced and reflects a good grasp of concepts presented.	☐
Mechanics *Demonstrates well developed written communication skills - well written, clear organization, uses standard English grammar, contains minor, if any, spelling errors*	Poor sentence structure, spelling, grammar and/or word choice make the entries difficult to read and comprehend. Structure and style is inappropriate for a professional piece of writing. Further investment is required in structuring and sequencing of, and links, between sections and paragraphs. Further attention is to be afforded to standard writing conventions including sentence construction, grammar, spelling and punctuation. Many errors could have been identified with basic editing Exceeds maximum word limit 2000+/-10% words	☐	Meets professional writing standards, sentence structure, spelling, grammar, and/or word choice are good, containing nil or very few errors. Written from first person perspective. Acronyms/abbreviations and jargon are defined/ spelled out in full before first use. Structure and style is appropriate for a professional piece of writing. Evidence of effective structuring and sequencing of, and links between, sections and paragraphs Excellent application of standard writing conventions including accurate sentence construction, grammar, spelling and punctuation. Evidence of effective editing.	☐

			Does not exceed word limit 2000+/-10% words	
Evidence of Critical Thinking *Critical thinking includes application, analysis, synthesis and evaluation. Arguments are clear and show depth of insight into theoretical issues, originality of treatment, and relevance. May include unusual insights. Arguments are well supported.*	Makes use of existing knowledge without an attempt to evaluate/appraise knowledge; demonstrates understanding but does not relate to other experiences or personal reaction. Shows minor or incorrect application of concepts. Demonstrates some critical thinking and application of concepts.	☐	Active and careful consideration of existing knowledge and articulates new understanding of knowledge as a result of experience. Demonstrates critical thinking and the ability to apply concepts.	☐

Providing Constructive and Positive Feedback to Candidates- Please note all feedback will be shared with the candidate

Assessors must provide feedback to candidates in a constructive and supportive manner to ensure a fair and transparent assessment process.

- If the candidate meets all criteria (Pass), please use the S**ummary Assessor Comments: MET** section (below) to acknowledge their strengths and highlight aspects of their submission that demonstrate competence.
- If the candidate has not met the criteria, please use **Assessor Specific Comments: Not Yet Met** section (below) to provide clear and specific guidance on areas requiring improvement, referencing the required roles.

Guidelines for Effective Feedback

- ✓ **Use a positive and encouraging tone** – Even when pointing out areas for improvement, frame your feedback in a way that motivates candidates to refine their work. Acknowledge their efforts and progress where possible.
- ✓ **Be specific and actionable** – Clearly outline what the candidate did well and what needs improvement. If a criterion is not met, explain why and offer suggestions for development.
- ✓ **Avoid vague or generic comments** – Instead of saying “Needs improvement,” specify which aspects require attention and how they can be strengthened.
- ✓ **Encourage reflection and growth** – Where appropriate, prompt candidates to reflect on their submission and consider how they can enhance their approach.
- ✓ **Ensure fairness and consistency** – Keep feedback aligned with the assessment rubric to maintain consistency across all assessments.

Critical Reflection Summary Assessment (please select): **MET/NOT YET MET**

Summary Assessor Comments: MET

(*please provide feedback)*

Assessor-Specific Comments: Not Yet Met

(*please provide comments/feedback)*

Attachment A

GUIDELINES FOR WORKPLACE BASED ASSESSMENT (SCREENING CLINICS)

Purpose of the Workplace Based Assessment

The Workplace Based Assessment (WBA) provides a snapshot of an observed and assessed interaction between an advanced practice physiotherapist and a patient. It should be undertaken once the advanced practice physiotherapist has completed role-specific training and is considered by both them and their supervisor to be practising autonomously.

Three (3) Workplace Based Assessments are required for submission as part of the mandatory documentation for the Advanced Practice Physiotherapy (APP) Titling Evidence Portfolio. Please refer to the *APP Titling Evidence Portfolio Pathway Handbook* for specific requirements for submitted WBAs. Points to note:

- Case complexity should be medium to high for the type of screening clinic (see Clinical Practice Domains in the *APP Titling Evidence Portfolio Pathway Handbook*).
- The three WBAs combined should cover a wide variety of presentations.

Assessment Criteria and Standards

The assessment criteria, descriptors, and expected standards are outlined in the **WBA – Screening Clinics template**. More detailed information is available in the APA National Advanced Practice Physiotherapy Competency Framework, Level 3: Highly Developed. Not all performance indicators will be applicable in every workplace observation.

Assessors

For breadth of assessment and to reduce the potential for conflicts of interest, it is preferable for different assessors to conduct the three different observations.
The assessor may be a medical specialist or consultant in the relevant area, or the lead advanced practice physiotherapist for the specific clinical area, depending on local organisational requirements. They should have recent and broad experience in the clinical area being assessed. The assessor must ensure that the assessment is honest, objective, and constructive, and that patients are not put at risk through inaccurate or inadequate assessment (AHPRA Codes of Conduct).
During the WBA, the assessor:

- should observe as much of the encounter as practicable in the usual working environment and practice context
- should not interrupt unless this is necessary to ensure safe patient care
- should mark as N/A any performance criteria that are not appropriate to assess
- may use the optional follow-up questions listed at the end of the form
- should provide constructive feedback at the completion of the assessment
- should complete the form in full

Physiotherapist being assessed

- should refer to their workplace conflict of interest policy. If this is unavailable, candidates should refer to the general principles that apply in conflict-of-interest situations.
- should plan the timing of the assessment with the assessor at a mutually agreeable time
- should have access to any relevant documentation as per routine, time-efficient practice
- should summarise the case at the end, if indicated, as they would to a medical specialist, consultant, or senior advanced practice physiotherapist
- should sign the form, share it with their supervisor, and store it for future use

Workplace Based Assessment – Advanced Practice Physiotherapist (Screening Clinics)

Candidate's name:	**Date of assessment:**
Workplace observation no. (circle): 1 2 3 These 3 combined should cover a wide variety of presentations.	
Assessor's name, professional designation and role:	
Hospital Name, clinic and location	
Patient presenting condition/diagnosis (*case complexity should be medium - high for the type of screening clinic*) **Patient age and gender:**	

Australian Physiotherapy Association RATING SCALE with requested modifications for WBA	
Each performance indicator must be scored or marked as 'N/A' (not assessed)	
0 =	Significantly below the standard expected of the performance indicator at this level (inadequate)
1 =	Progressing towards an adequate standard of the performance indicator at this level (inadequate)
2 =	Demonstrates the performance indicator to an adequate standard at the level of a **highly developed advanced practice physiotherapist** (pass)
3 =	Demonstrates the performance indicator to a good standard (pass)
4 =	Demonstrates the performance indicator to an excellent standard (pass)
N / A =	It is acceptable that the performance indicator was not able to be evaluated

Performance Indicators	**APA AP Key competency**	**Rating scale ✓**						
		0	**1**	**2**	**3**	**4**	**N/A**	**Comments - brief notes in each section assessed**
Practise Scope and Professionalism								
Practises safely within scope, demonstrating autonomy, accountability, and critical judgement	1.1							
History taking								
Demonstrates effective individual client-centred interview from patient and collateral sources	1.2,2.2							

Appropriately considers known and unknown comorbidities including sinister pathologies in history	1.2,2.2							
Appropriately adapts to the unique needs and preferences of the client's presentation and circumstances	2.1							
Physical Exam								
Demonstrates structured, efficient & effective physical examination, establishing appropriate priorities	1.2,2.2							
Appropriately considers known and unknown comorbidities in the physical exam	1.2							
Demonstrates a systems-based exam that includes relevant and appropriate clinical tests and modifications and health indicators	1.2							
Accurately selects relevant tests that substantiate the differential diagnosis	1.2							
Clinical Reasoning and judgement								
Demonstrates accurate synthesis of all relevant information to facilitate appropriate diagnosis or differential diagnosis or prioritised problem list as applicable	1.2,1.3, 2.2							
Investigations or procedures selected are indicated, risks minimised and are requested appropriately	1.2,2.2							
Accurately and systematically interpretates investigations	1.2,2.2							
Applies pattern recognition, where appropriate, to the process of differential diagnosis.	1.2							
Management Planning								
Management plan shows well-developed judgement, with synthesis of all relevant factors	1.3							
Plan is evidence based, appropriate and within facility guidelines	1.3,6.3							
Acts to ensure use of relevant medicines is/are indicated, safe and effective	1.3							
Autonomously discharges the client, arranging a comprehensive discharge plan / handover	1.3							
Counselling and Education								

Appropriate education and advice to patient provided, collaborating on meaningful goals	1.2,1.3							
Patient informed of any risks and their understanding confirmed	1.3,2.2							
Referral and follow-up arranged and communicated appropriately	1.3,5.1							
Communication and Collaboration								
Communication with colleagues is concise, systematic, complete and at appropriate level	1.3,3.3							
If applicable, input on plan is sought from expert colleagues appropriately	1.3,3.3, 5.1							
GLOBAL ASSESSMENT								

Signature of assessor(s):	Signature of candidate:
SPECIAL QUESTIONS / COMMENTS / FURTHER ACTION	

OPTIONAL FOLLOW-UP QUESTIONS FOR THE ASSESSOR TO CONSIDER								
Justify your differential diagnosis or diagnosis(es) of this patient and why? What were the differential diagnoses not to be missed and relevant red flags in this patient?	1.2,1.3,2.2							
What are the risks associated with imaging requested for this patient? What are the key principles to apply to minimise risk associated with this imaging?	1.4, 2.4							
What are the indications for imaging requested for this patient? What are examples of clinical decision-making rules for imaging?	1.2							
In what situations in this clinic should expert colleagues be consulted in relation to medicines and what important information needs to be conveyed?	1.3,3.3							
When is over-the-counter medication indicated and what should you inform patients of when recommending over-the-counter medication?	1.3							

When is over-the-counter medication not indicated?	1.3							
Explain and justify your management plan for this patient?	1.3, 6.3							
Provide examples of when input is required from expert colleagues in the care of a patient in your clinic	1.3,3.3							

Attachment A

GUIDELINES FOR WORKPLACE BASED ASSESSMENT (Emergency Department)

Purpose of the Workplace Based Assessment

The Workplace Based Assessment (WBA) provides a snapshot of an observed and assessed interaction between an advanced practice physiotherapist and a patient. It should be undertaken once the advanced practice physiotherapist has completed role-specific training and is considered by both them and their supervisor to be practising autonomously.

Three (3) Workplace Based Assessments are required for submission as part of the mandatory documentation for the Advanced Practice Physiotherapy (APP) Titling Evidence Portfolio. Please refer to the *APP Titling Evidence Portfolio Pathway Handbook* for specific requirements for submitted WBAs.

Points to note:

- Case complexity should be medium - high for the type of screening clinic (see Clinical Practice Domains in the *APP Titling Evidence Portfolio Pathway Handbook*).
- The three WBAs combined should cover a wide variety of presentations.

Assessment Criteria and Standards

The assessment criteria, descriptors, and expected standards are outlined in the attached assessment form. More detailed information is available in the APA National Advanced Practice Physiotherapy Competency Framework, Level 3: Highly Developed. Not all performance criteria will be applicable in every workplace observation.

Assessor

For breadth of assessment and to reduce the potential for conflicts of interest, it is preferable for different assessors to conduct the three observations. The assessor may be a medical specialist or consultant in the relevant area, or the lead advanced practice physiotherapist for the specific clinical area, depending on local organisational requirements. They should have recent and broad experience in the clinical area being assessed. The assessor must ensure that the assessment is honest, objective, and constructive, and that patients are not put at risk through inaccurate or inadequate assessment (AHPRA Codes of Conduct).
During the WBA, the assessor:

- should observe as much of the encounter as practicable in the usual working environment and practice context
- should not interrupt unless this is necessary to ensure safe patient care
- should mark as N/A any performance criteria that are not appropriate to assess
- may use the optional follow-up questions listed at the end of the form
- should provide constructive feedback at the completion of the assessment
- should complete the form in full

Physiotherapist Being Assessed

- should refer to their workplace conflict of interest policy. If this is unavailable, candidates should refer to the general principles that apply in conflict of interest situations.
- should plan the timing of the assessment with the assessor at a mutually agreeable time
- should have access to any relevant documentation as per routine, time-efficient practice
- should summarise the case at the end, if indicated, as they would to a medical specialist, consultant, or senior advanced practice physiotherapist
- should sign the form, share it with their supervisor, and store it for future use

Workplace Based Assessment – Advanced Practice Physiotherapist (Emergency Department)

Candidate's name:	**Date of assessment:**
Workplace observation no. (circle): 1 2 3	
Assessor's name, professional designation and role:	
Emergency Department Hospital name and location:	
Patient presenting condition/diagnosis: **Patient age and gender:**	

Australian Physiotherapy Association RATING SCALE modified for WBA

Each performance indicator must be scored or marked as 'N/A' (not assessed)	
0 =	Significantly below the standard expected of the performance indicator/s (inadequate)
1 =	Progressing toward an adequate standard of the performance indicator/s at this level (inadequate)
2 =	Demonstrates most performance indicator/s to an adequate standard at the level of a **highly developed advanced practice physiotherapist** (pass)
3 =	Demonstrates most performance indicator/s to a good standard (pass)
4 =	Demonstrates most performance indicator/s to an excellent standard (pass)
N/A=	It is acceptable that the criterion was not able to be evaluated

Skills/Tasks (Performance Indicators at end of form)	APA AP Key competency	Rating scale ✓ 0	1	2	3	4	N/A	**Comments** - **brief notes in each section assessed**
Practise Scope and Professionalism	1.1							
History taking	1.2,2.1							
Physical Exam	1.2,2.2							
Clinical Reasoning and judgement	1.2,1.3, 2.2							
Management Plan	1.3, 6.3							
Counselling and Education	1.2,1.3, 2.2,5.1							
Communication and Collaboration	1.3,3.3, 5.1							
GLOBAL ASSESSMENT								

Signature of assessor(s):	Signature of candidate:

SPECIAL QUESTIONS / COMMENTS / FURTHER ACTION

OPTIONAL FOLLOW-UP QUESTIONS FOR THE ASSESSOR TO CONSIDER								
Summarise this case in ISBAR format	2.2							
What factors may have made this case out of scope?	1.1							
Justify your differential diagnosis or diagnosis(es) of this patient and why? What were the "not to be missed" and relevant red flags in this patient?	1.2, 1.3, 2.2							
What are the risks associated with any imaging requested for this patient? What are the key principles to apply to minimise risk associated with this imaging?	1.4, 2.4							
What are the indications for investigations requested for thi patient? What are examples of clinical decision-making rules for imaging?	1.2							
In what situations in this clinic should expert colleagues be consulted and what important information needs to be conveyed?	1.3, 3.3							
When is analgesia indicated? What should you inform patients of when recommending over-the-counter analgesia?	1.3							
When is over-the-counter analgesia not indicated?	1.3							
Explain and justify your management plan for this patient?	1.3, 6.3							
Provide examples of when input is required from expert colleagues in the care of your patient in the Emergency Department?	1.3, 3.3							

Performance Indicators:

Practise Scope and Professionalism

- Practises safely within scope, demonstrating autonomy, accountability, and critical judgement

History taking

- Demonstrates effective individual client-centred interview from patient and collateral sources
- Appropriately considers known and unknown comorbidities including sinister pathologies in history
- Appropriately adapts to the unique needs and preferences of the client's presentation and circumstances

Physical Exam

- Demonstrates structured, efficient & effective physical examination, establishing appropriate priorities
- Appropriately considers known and unknown comorbidities in the physical exam
- Demonstrates a systems-based exam that includes relevant and appropriate clinical tests and modifications and health indicators
- Accurately selects relevant tests to undertake effective differential diagnosis

Clinical Reasoning and judgement

- Demonstrates accurate synthesis of all relevant information to facilitate appropriate diagnosis, differential diagnosis or prioritised problem list as applicable
- Investigations or procedures selected are indicated, risks minimised and are requested appropriately

- Accurately and systematically interpretates investigations
- Applies pattern recognition, where appropriate, to the process of differential diagnosis

Management Planning

- Management plan shows well-developed judgement, with synthesis of all relevant factors
- Plan is evidence based, appropriate and within facility guidelines
- Acts to ensure use of relevant medicines is/are indicated, safe and effective
- Autonomously discharges the client, arranging a comprehensive discharge plan / handover

Counselling and Education

- Appropriate education and advice to patient provided, collaborating on meaningful goals
- Patient informed of any risks and their understanding confirmed
- Referral and follow-up arranged and communicated appropriately
- Effectively monitors patient response and progress throughout any intervention or procedure

Communication and Collaboration

- Communication with colleagues is concise, systematic, complete and at appropriate level
- If applicable, input on plan is sought from expert colleagues appropriately

Attachment B

Advanced Practice Titling Evidence Portfolio Pathway

Show Portfolio - Evidence and Justification Template

AUSTRALIAN COLLEGE OF PHYSIOTHERAPISTS

This document is mandatory for the Advanced Practice Physiotherapy Titling Evidence Portfolio Submission (Phase 2)

- **Framework Familiarity:** Candidates must review the **APA National Advanced Practice Physiotherapy Competency Framework**, specifically key and enabling competencies, and their corresponding descriptors **at Milestone 3: Highly Developed (Titling)**
- **Template Requirements:** Candidates must use this template to demonstrate how the **quality of evidence and quality of justification** (see **Appendix 1**) meets all 26 key competencies at Milestone 3 Titling
- **Addressing Competencies:** Address each key competency by referencing at least one enabling competency and corresponding descriptor
- **Formatting & Word Limits:** Bullet points are encouraged. Adhere strictly to the word limits noted in the left-hand column
- **Supporting Documentation:** Several key competencies are assessed via supporting documents. Any document referenced in this form must be submitted with it, including:

Workplace-based Assessments

- Key Competencies 1.2 and 1.3 will be assessed via Workplace-based Assessments and Case Studies only
- Key competencies 2.1, 2.2, 3.3, 5.1 and 6.3 are addressed briefly in Workplace-based Assessments

Case Studies - candidates are encouraged to consider the following when planning their case study selection:

- Key Competencies 1.2 and 1.3 will be assessed via Workplace-based Assessments and Case Studies only.
- Key Competency 3.3 will be primarily assessed from a case study but addressed briefly in Workplace-based Assessments
- For the remaining key competencies (1.4., 2.2., 3.1., 4.2., 5.1., 7.1, and 7.2.) it is optional to use a situation or context from one of your case studies
- Case studies must all also include examples of integration of evidence-based practice per Key Competency 6.3
- Candidates need to ensure the cases selected are able to be used in addressing these specific competencies as above

Comprehensive CV

- Key Competency 4.3 requires expansion from physiotherapy leadership mentioned in your Comprehensive CV
- It is optional for Key Competency 7.0 to be answered utilising a relevant activity from your Comprehensive CV
- Key Competencies 6.1,.6.2, and 6.4 are assessed entirely from the content in your Comprehensive CV

Letter of Endorsement

- Key Competency 2.5 will only be assessed via the Letter of Endorsement completed by your Physiotherapy Director/Manager

Candidate Name: _____ **Candidate ID:** _____

APP Clinical Setting: _____

This document must be read in conjunction with the APA National Advanced Practice Physiotherapy Competence Framework

ROLE 1: PRACTITIONER	
KEY COMPETENCY 1.1 Practise physiotherapy within their defined scope of practice and expertise 1.1.1 Demonstrate a commitment to excellence, high quality care and culturally responsive management of their clients 1.1.2 Apply knowledge of biological, psychological social and other sciences relevant to the area of practice 1.1.3 Carry out professional duties in the face of multiple, competing demands 1.1.4 Recognise and respond to the complexity, uncertainty, and ambiguity inherent in clinical practice	
<300 words	*Related to your primary chosen clinical area of advanced physiotherapy practice:* • *What is your current defined scope of practice and specific expertise?* • *What are the current limits of your scope of practice?* • *How and by whom is your scope of practice currently supervised or monitored in your workplace?*
KEY COMPETENCY 1.2 Perform a client centred assessment 1.2.1 Identify and prioritise issues to be addressed in a client consultation 1.2.2 Plan and perform an appropriate assessment 1.2.3 Analyse and interpret assessment results for the purpose of understanding the client, the clients' contexts, and problems to inform diagnosis, management, prognosis and prevention, and health promotion 1.2.4 Establish health management goals in collaboration with clients, which may include slowing illness progression, achieving resolution of injuries or problems, treating symptoms, optimising function and palliation, illness and injury prevention and health promotion ***KEY COMPETENCY 1.3 Plan and implement a client-centred management plan*** 1.3.1 Establish and implement a client–centred management plan that includes plans for ongoing management, referral and discharge 1.3.2 Determine the most appropriate interventions 1.3.3 Perform interventions in a skilful and safe manner, adapting to changing practice circumstances 1.3.4: Relevant to the practice context, scope and role requirements apply the use of therapeutic medicines 1.3.5: If relevant to the practice context and scope prescribe, supply or administer medicines	

1.3.6: Monitor and escalate care	
0 words	*This will be assessed from your Workplace based Assessments and Case studies.* *You must provide reasoned justification as part of your case studies per the template*
KEY COMPETENCY 1.4 Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of safety and quality in health care 1.4.1 Adopt strategies that promote practitioner and client safety 1.4.2 Work to improve safety and quality in healthcare and management by addressing human factors 1.4.3 Apply quality improvement processes to contribute to improving systems of health promotion and client care	
<200 words	*Outline one situation or context from your practice relevant to this key competency 1.4. Briefly describe the issues involved. What did you learn and how has this influenced your practice (give reasoned justification)?* *An example could be:* • *outlined in one of your case studies and then expanded on here. If this option, please identify which case study you are referring to* *OR* • *a quality project you have contributed to or led in advanced practice,* *OR* • *management of a near miss or adverse event*

ROLE 2: COMMUNICATOR

KEY COMPETENCY 2.1 Establish professional alliances with clients and relevant others

2.1.1 Communicate using a client–centred approach that encourages client trust and autonomy and is characterised by empathy, respect, and compassion
2.1.2 Optimise the physical environment for client comfort, dignity, privacy, engagement and safety
2.1.3 Recognise when the values, culture, biases, or perspectives of clients, physiotherapists, or relevant others may have an impact on the quality of management, and modify the approach to the client accordingly
2.1.4 Respond to client's non-verbal behaviour to enhance communication
2.1.5 Manage disagreements and emotionally charged conversations
2.1.6 Adapt to the unique needs, preferences and circumstances of each client and to his or her management and requirements

KEY COMPETENCY 2.3 Share health care information and plans with clients and, where appropriate, relevant others

2.3.1 Share health care information and plans with clients and, where appropriate, relevant others, checking for client understanding
2.3.2 Disclose adverse events to clients and, where appropriate, relevant others accurately and appropriately

KEY COMPETENCY 2.4 Engage clients and, when appropriate, relevant others in developing and delivering plans that reflect the client's health care needs and goals

2.4.1 Use communication skills and strategies that are respectful, non-judgmental, and culturally safe to facilitate discussions with clients and relevant others
2.4.2 Assist clients and relevant others to identify, access, and make use of information and communication technologies to support their care and manage their health
2.4.3 Communicate effectively with client to optimise management

<200 words	*Outline one complex situation from your practice requiring high levels of communication skills with clients/carers. Addressing ALL three of key competencies 2.1, 2.3 and 2.4, briefly describe the issues involved in your situation example. What did you learn and how has this influenced your practice (give reasoned justification)?*

KEY COMPETENCY 2.2 Elicit and synthesise accurate and relevant information, incorporating the perspectives of clients and, where appropriate, relevant others

2.2.1 Use client centred interviewing skills to effectively gather relevant biomedical and psychosocial information
2.2.2 Provide a clear sequence for and manage the flow of the entire client encounter
2.2.3 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed test or intervention
2.2.4 Seek and synthesise relevant information from other sources, including the client's family, with the client's consent

<200 words	*Outline a complex situation requiring you to accurately and concisely summarise a client's presentation with a medical consultant/specialist as relevant to this key competency 2.2. Briefly describe the issues involved. What did you learn and how has this influenced your practice (give reasoned justification)?* *An example could be:* • *outlined in one of your case studies or workplace observations and then expanded on here. If this option, please identify which case study you are referring to* *OR* • *another example from your clinical practice*
KEY COMPETENCY 2.5 Document and share written and electronic information about the physiotherapy encounter to optimise decision-making, client safety, confidentiality, and privacy 2.5.1 Document client interactions in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements 2.5.2 Communicate effectively using a written health record, electronic health record, or other digital technology 2.5.3 Share information with clients and, where appropriate, with authorised others in a manner that respects client privacy and confidentiality and enhances understanding	
<100 words	*This will be addressed in the form completed by your Physiotherapy Manager (Letter of Endorsement) however you must provide reasoned justification to substantiate the evidence*

ROLE 3: COLLABORATOR

KEY COMPETENCY 3.1 Work effectively with colleagues in the health care and other professions to provide safe, high-quality, client-centred management

3.1.1 Establish and maintain positive relationships with colleagues in the health care and other professions to support collaborative care
3.1.2 Negotiate overlapping and shared responsibilities with colleagues in health care and other professions in episodic and ongoing care
3.1.3 Engage in respectful shared decision-making with colleagues involved in client management

<200 words	*Outline one situation or context from your practice relevant to this key competency 3.1. Briefly describe the issues involved. What did you learn from this and how has this influenced your practice (give reasoned justification)?* *An example could be:* • *outlined in one of your case studies and then expanded on here. If this option, please identify which case study you are referring to* *OR* • *about the management of a complex presentation requiring input from multiple specialities.*
KEY COMPETENCY 3.2 Work with physiotherapists and other colleagues in health care and other professions to prevent misunderstandings, manage differences, and resolve conflicts ***3.2.1 Demonstrate respect toward collaborators*** ***3.2.2 Implement strategies to promote understanding, manage differences and resolve conflicts in a manner that supports a collaborative culture***	
<200 words	*Briefly describe one situation or context from your practice relevant to this key competency 3.2. Briefly describe the issues involved. What did you learn from this and how has this influenced your practice (give reasoned justification)?* *An example could be developing or changing APP services, OR managing conflict with colleagues, OR applying CPD on managing conflict in your workplace*
KEY COMPETENCY 3.3 Effectively and safely delegate or transfer management to another professional 3.3.1 Determine when management should be transferred to another physiotherapist, healthcare or other professional or allied health assistant 3.3.2 Demonstrate safe transfer of management, using both verbal and written communication, during a client transition to a different professional, setting, or stage of management	
0 words	*This will be assessed primarily from at least one of your case studies. You must provide reasoned justification as part of your case study (per the template) specifically for this key competency.* *Please identify which of your case studies should be considered for the assessment of this key competency.*

ROLE 4: LEADER

KEY COMPETENCY 4.1 Contribute to the improvement of health promotion and health care delivery in teams, organisations, and systems

4.1.1 Use health informatics and technology to improve health promotion and the safety and quality of care	
<200 words	*Outline one situation or context from your practice relevant to this key competency 4.1. Briefly describe the issues involved. What did you learn from this and how has this influenced your practice (give reasoned justification)?* *An example could be:* • *a project to improvement in quality or safety in an APP service* *OR* • *a quality or safety event during APP practice that resulted in an improvement process*
KEY* COMPETENCY *4.2 Engage in the responsible utilisation and management of available resources 4.2.1 Allocate and utilise health care and other resources for optimal client service delivery 4.2.2 Apply evidence and management processes to achieve cost-appropriate service delivery	
<200 words	*Outline one situation or context from your practice relevant to this key competency 4.2. Briefly describe the issues involved. What did you learn from this and how has this influenced your practice (give reasoned justification)?* *An example could be:* • *from one of your case studies, outline your use of advanced clinical reasoning and evidence-based practice in delivering best health outcomes for the client / health service in the context of finite healthcare resources e.g. determining investigation/treatment. Please identify which of your case studies you are referring to.* *OR* • *outline the issues and a resulting project that addressed cost-effectiveness or efficiency in an APP service or addressed quality of care in an APP service*
KEY COMPETENCY 4.3 Demonstrate leadership in professional practice 4.3.1 Demonstrate leadership skills to enhance quality practice 4.3.2 Facilitate change in service delivery to improve services and outcomes	
<200 words	*Expand on one aspect of your leadership in professional physiotherapy practice from your Comprehensive CV e.g. APA role, APP workplace leadership role, a leadership course. What did you learn from this and how has this influenced your practice (give reasoned justification)?*
ROLE 5: HEALTH ADVOCATE	
KEY COMPETENCY 5.1 Respond to the individual client's health needs by advocating with the client within and beyond the practice setting	

5.1.1 Work with clients to identify and address the determinants of health that affect them, and their access to necessary health services or resources 5.1.2 Work with clients and relevant others to increase opportunities to adopt healthy behaviours 5.1.3 Incorporate illness and injury prevention, health promotion, and health surveillance activities into practice	
<200 words	*Outline one situation or context from your practice relevant to this key competency 5.1. Briefly describe the issues involved. What did you learn and how did it and will it influence your future practice (give reasoned justification)?* *An example could be:* • *from one of your case studies, and if so, please identify which of your case studies you are referring to* *OR* • *a situation where you helped a patient/client to identify and address the determinants of health that affect them and their access to health services or resources*
KEY COMPETENCY 5.2 Respond to the needs of the groups, communities or populations they serve by advocating with them for organisational or system-level change to achieve improved health outcomes 5.2.1 Work with a group, community or population to identify and address the social, economic and environmental factors that influence health status 5.2.2 Improve practice by applying a process of continuous quality improvement to illness and injury prevention, health promotion, and health surveillance activities 5.2.3 Contribute to improvement of health in the community or population the practitioner serves	
<200 words	*Outline one situation or context from your practice relevant to this key competency 5.2. Briefly describe the issues involved. What did you learn from this and how has this influenced your practice (give reasoned justification)?* *An example could be:* • *the health determinants of a/the population of your advanced practice service, including the evidence around improving these.* *OR* • *a time when you contributed to the development and implementation of strategies to influence organisations to support client adoption of healthy behaviours and optimise health service delivery relevant to your advanced practice service.*

ROLE 6: SCHOLAR

KEY COMPETENCY: 6.1 Engage in ongoing learning to enhance their professional activities.

6.1.1 Develop, implement, monitor, and revise a personal learning plan to enhance professional practice

	6.1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external sources of information 6.1.3 Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice
<100 words	*The Comprehensive CV submitted as part of the evidence portfolio should list any professional development, local advanced practice competency pathway learning, and peer review.* *It should include any relevant research learning e.g. in Post graduate Diploma, Masters or PhD degrees. If no other formal research learning then the PEDro Evidence-Based Physiotherapy Practice Level 3 course is mandatory. On completion of course content in Modules 1 – 4, you will receive a Certificate of Attendance. You are not required to complete the assessments for this course.* *You must provide reasoned justification to substantiate the evidence*
KEY COMPETENCY 6.2 Facilitate the learning of students, clients, the public, and other health care professionals 6.2.1 Recognise the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners 6.2.2 Promote a safe learning environment 6.2.3 Ensure client safety is maintained when learners are involved 6.2.4 Plan and deliver education activities 6.2.5 Provide contextually appropriate feedback to enhance learning and performance 6.2.6 Implement continuous improvement of education based on evaluation	
<100 words	*The Comprehensive CV submitted as part of the evidence portfolio should include any relevant teaching/mentoring and lectures/inservices/presentations to colleagues, multi-disciplinary or other stakeholders. You must provide reasoned justification to substantiate the evidence*
KEY COMPETENCY 6.3 Integrate best available evidence into practice 6.3.1 Recognise practice uncertainty and knowledge gaps and generate focused questions that address them 6.3.2 Identify and select relevant pre-appraised resources and original research 6.3.3 Critically evaluate the integrity, reliability, and applicability of health-related research and literature 6.3.4 Integrate evidence into decision-making in their practice	
300 words	*Describe the progression of your evidence-based knowledge and practice throughout your advanced practice training. Summarise how your evidence-based practice influences the clinical practice, service provision and learning of others in your chosen APP clinical area.* *Please note: Case studies should also include examples of integration of evidence-based practice*

KEY COMPETENCY 6.4 Contribute to the dissemination and/or creation of knowledge and practices applicable to health 6.4.1 Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care 6.4.2 Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations 6.4.3 Contribute to the work of research programs 6.4.4 Pose questions amenable to scholarly inquiry and select appropriate methods to address them 6.4.5 Summarise and communicate to professional and lay audiences, including clients, the findings of relevant research and scholarly inquiry	
<100 words	*The Comprehensive CV submitted as part of the evidence portfolio should list any relevant participation in literature reviews or published research, other publications, Quality Improvement projects or audits, service evaluation, however you must provide reasoned justification to substantiate the evidence*

ROLE 7: PROFESSIONAL	
KEY COMPETENCY 7.1 Demonstrate a commitment to clients by applying best practices and adhering to high ethical standards 7.1.1 Exhibit professional behaviour in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality 7.1.2 Recognise and respond to ethical issues encountered in practice 7.1.3 Recognise and manage conflicts of interest 7.1.4 Exhibit professional behaviour in the use of technology-enabled communication	
<200 words	*Outline one situation or context from your practice relevant to this key competency 7.1. Briefly describe the issues involved. What did you learn and how has this influenced your practice (give reasoned justification)?* *There may be a relevant example in either your Cultural Reflection OR one of your case studies. If so, please identify which should be considered for the assessment of this key competency*.
KEY COMPETENCY 7.2 Demonstrate a commitment to the community by recognising and responding to community expectations in health care 7.2.1 Demonstrate accountability to clients, the community, and the profession	

<200 words	*Outline one situation or context from your practice relevant to this key competency 7.2. Briefly describe the issues involved. What did you learn and how did it and will it influence your practice (give reasoned justification)?* *There may be a relevant example in either your Cultural Reflection OR one of your case studies. If so, please identify which should be considered for the assessment of this key competency.*
KEY COMPETENCY 7.3 Demonstrate a commitment to the profession by adhering to regulation and standards 7.3.1 Fulfil and adhere to the professional and ethical codes, standards of practice, and legal and industrial requirements governing practice 7.3.2 Recognise and respond to unprofessional and unethical conduct in physiotherapists and other colleagues	
<150 word	*The Comprehensive CV submitted as part of the evidence portfolio should include any relevant activities such as participation in institutional regulatory or professional standard activities. Please outline here or direct assessor to this.* *OR* *Outline your organisation's mandatory training or competency assessments as they specifically relate to advanced practice*
KEY COMPETENCY 7.4 Demonstrate a commitment to personal health, self-care and well-being to foster optimal professional practice 7.4.1 Exhibit self-awareness and manage influences on personal well-being and professional performance 7.4.2 Manage personal and professional demands for a sustainable practice throughout the career life cycle 7.4.3 Promote a culture that recognises, supports, and responds effectively to colleagues in need	
<150 word	*Outline your professional practice regarding one or more aspects of this key competency 7.4.*
KEY COMPETENCY 7.5 Manage their practice and career 7.5.1 Set priorities and manage time to balance professional and personal life 7.5.2 Manage career planning, finances, and health and human resources in practice setting 7.5.3 Implement processes to ensure personal practice management improvement	
<150 word	*Outline your practice/career regarding one or more aspects of this key competency 7.5*

Word count: Click or tap here to enter text.

Quality and Justification of Evidence Portfolio Submission Decision Rubric

Quality of evidence descriptors

- **High evidence** reflects relevant work activities/documents which can be directly evaluated by the examiner in relation to the competency. Examples could include: video evidence of clinical skills; detailed case notes; letters/reports to professional colleagues, etc, depending on the Key Competency and the Role being addressed

- **Indirect evidence** reflects activities/documents which are related to or reflect an appropriate context for the competency but do not necessarily show the candidate's competence 'in action'. Examples could include: log books of patients treated; video of treatment with a simulated patient; participation in courses or CPD activities; publications or reports; performance review by supervisor; correspondence from professional colleagues etc.

- Note: what is considered by assessors as direct/indirect evidence may change according to the Role being addressed e.g. a publication in a peer-reviewed journal may be direct evidence for the Scholar Role, but indirect evidence for the Practitioner Role. Determining the evidence as direct vs indirect may also depend on the field of practice being assessed

Marking Criteria

QUALITY OF EVIDENCE		
Assessor Rating	**Descriptor**	**Criteria**
High	Direct and relevant evidence	- Evidence is relevant and specific to the competency - Provides direct and convincing evidence for achievement of the competency
Indirect	Relevant but indirect evidence	- Evidence is relevant but indirect with respect to the competency - Achievement of competency needs to be inferred to some extent
Low	Marginally relevant, unclear, and/or misaligned evidence	- Evidence has little or no alignment with the competency - Does not offer any meaningful evidence for achievement of competency

Quality of Justification descriptors

Strong justification: *"The supplied evidence (specified by candidate) shows how I approach my treatment session with a clear objective and focus on the patient's functional needs. For example… (elaborates on this)"*

Limited justification:

"The supplied evidence (specified by candidate) shows that I use appropriate techniques and communication with the patient… (little or non-specific elaboration)"

Inadequate justification:

"The supplied evidence (may or may not be specified by candidate) shows that I am thorough and professional in my interactions with patients… (broad claim without specific reasoning or elaboration)"

Marking Criteria

QUALITY OF JUSTIFCATION		
Rating	**Descriptor**	**Criteria**
Strong	Clear and well-reasoned justification	- Justification clearly explains *why* the evidence is appropriate to the evidence supplied for the KC - Clearly demonstrates understanding and appropriate application of the competency
Limited	Justification relevant but limited	- Justification is relevant but lack strong reasoning or connection to the competency - Appraisal requires some inference from the examiner
Inadequate	Justification is inadequate	- Justification is weak, unclear or poorly connected to evidence and/or competency

Attachment C

Advanced Practice Titling Evidence Portfolio Pathway

Comprehensive CV template

AUSTRALIAN COLLEGE OF PHYSIOTHERAPISTS

Introduction

The Advanced Practice Physiotherapist Comprehensive CV is a mandatory requirement for submission of the evidence portfolio (Phase 2). Please ensure all required information is completed prior to submission. No other CV or resume is required.

Professional Employment history

Employment Dates	Position Title	Organisation	Hours /week	Key duties in musculoskeletal and/or advanced practice	Hours p/week in advanced practice area if applicable
2011-2014	Grade 1 Physiotherapist rotating	Agood Hospital	38	Rotating base grade	
2014-2017	Grade 2 Physiotherapist Muscul	Abetter hospital	38	Primarily musculoskeletal outpatients, teaching undergrad musculoskeletal students	
2017-present	Grade 3 Physiotherapist Muscul/AP	Best health service	38	Primarily musculoskeletal outpatients, part time in Screening clinic	16

ONLY Candidates who do NOT hold an APA recognised Masters by coursework in Musculoskeletal or Sports and Exercise Physiotherapy must provide the following information:

Considering ONLY general musculoskeletal roles list above and NOT including advanced practice roles:

Please estimate total hours of mentored clinical practice _____hours

Formal Undergraduate and Post-graduate university qualifications or single unit studies

Year of graduation	Qualification or Unit name	Education Provider
2010	Bachelor of Physiotherapy	University of Queensland
2019	Masters of MSK physiotherapy	La Trobe Uni
2023	Radiology for Physiotherapists Short Course	University of Melbourne

ONLY Candidates who do NOT hold an APA recognised Masters by coursework in Musculoskeletal or Sports and Exercise Physiotherapy must provide the following information:

Considering all university single subjects relevant to advanced practice physiotherapy listed above:

- Estimate total hours of formal and non-formal learning: _____hours

NB: individual focused learning areas may not individually account for more than 20% of the total learning e.g. a PhD topic on tendinopathy may represent 40 formal hours of learning

Continuing professional development (broad musculoskeletal)

- The Continuing Professional Development (CPD) described below is required to be directly applicable to and representative a breadth of learning across musculoskeletal physiotherapy
- There are no specific number or years for this to have occurred in
- Early general career learning post registration and general new graduate training programmes need not be listed as are deemed not applicable to Advanced Practice Physiotherapist titling
- Validation of proof of attendance may be requested

a. Broad musculoskeletal Continuing Professional Development

(Reference AHPRA Physiotherapy Board of Australia, Guidelines: Continuing Professional Development for examples of formal and non-formal/incidental learning activities)

Year	Activity	Hours	Provider	Reflection	Formal/non-formal & incidental learning activities
2019					

ONLY Candidates who do NOT hold an APA recognised Masters by coursework in Musculoskeletal or Sports and Exercise Physiotherapy must provide the following information:

b. Considering all Musculoskeletal CPD listed above: Estimate total hours of clinical PD/learning: _____hours

- Estimate number of hours of the above that were clinically supervised practice or peer supervision: _____hours

Advanced Practice Physiotherapy comprehensive learning, assessment and supervision

a. Learning/Education/Training

Advanced Practice learning for APP role	Structure of learning (eg supervised practice / didactic learning / self-directed learning)
Assessment and diagnosis of complex undifferentiated presentations (eg differential diagnosis)	
Co-morbidities and their implications in the clinical context	
Sinister pathologies	
Pharmacology	
Wound assessment and management if applicable	
Radiology	
Pathology	
Paediatrics if applicable	
Medical and physiotherapeutic management of relevant diagnoses eg fracture /joint reduction, indications for interventional radiology, surgery	

ALL Candidates: Considering all Advanced Practice learning, education and training listed above,

- please estimate total hours of **Advanced Practice Physiotherapy** clinical PD/learning _____hours

b. Clinical supervision whilst learning and prior to autonomous practice:

Clinical supervisor titles and roles whilst candidate learning specific APP role	Structure of supervision whilst learning and prior to autonomous practice

ALL Candidates: Considering all Advanced Practice clinical supervision listed above:

- please estimate total hours of APP mentored clinical practice _____hours

2. Relevant research / publications / projects / literature reviews / Quality Improvement projects or audits /service evaluation

3. **Relevant advanced practice teaching / mentoring, lectures / in-services / presentations given**

4. **Relevant leadership roles and/or leadership courses**
e.g. current or past participation in APA committees, institutional regulatory or professional standard activities, work leadership roles

5. Prizes/awards/scholarships

Clinical supervisor titles and roles whilst candidate learning specific APP role	Structure of supervision whilst learning and prior to autonomous practice

Attachment D

Advanced Practice Titling Evidence Portfolio Pathway

Letter of Endorsement template

Dear Physiotherapy Director/Manager,

A member of your staff working in an Advanced Practice physiotherapy (APP) role in your health service has applied to the Australian Physiotherapy Association (APA) and Australian College of Physiotherapy (ACP) for membership of the ACP as a Titled Advanced Practice Physiotherapist. Part of this process is the endorsement of their Physiotherapy Director or Manager in their workplace. It is kindly requested for you to please complete the attached template and email it to ngtitle@australian.physio.

The development of an APA Titling credentialling pathway for Advanced Practice Physiotherapists reflects the profession's commitment to supporting Advanced Practice Physiotherapy in Australia. It is underpinned by the APA National Advanced Practice Competence Framework which formally recognises Advanced Practice physiotherapists within the APA career pathway, beginning with ACP Titling at Milestone 3: Highly Developed. The framework is applicable across established and emerging Advanced Practice roles, has a flexible approach to learning and recognises qualifications, clinical experience, education and workplace-based training as foundations of competency. The framework serves multiple purposes:

- Establishes benchmarks for competency assessment in advanced roles
- Guides development of education and training programs
- Promotes consistent, safe and high-quality service delivery
- Supports workforce transferability, capacity, and efficiency
- Provides criteria for formal recognition and accreditation

For health services, standardising competency assessment and credentialling through APA Titling for Advanced Practice Physiotherapy (APP) will improve credibility and enhance recognition by external stakeholders, peers and consumers. It addresses the Australian National Safety and Quality Health Service (NSQHS) Clinical Governance Standard emphasis on the health workforce possessing the appropriate qualifications, skills and supervision to deliver safe, high-quality healthcare.

Thank you for taking the time to complete the Letter of Endorsement. If you have any questions or feedback, please don't hesitate to contact the Education team at ngtitle@australian.physio

Yours sincerely,

Ellen Webber
GM Education
Australian Physiotherapy Association

Advanced Practice Titling Evidence Portfolio Pathway

Letter of Endorsement template

Letter of Endorsement template must be completed and signed by a Physiotherapy or other Clinical Director/Manager for an employee applying for the APA Titled Advanced Practice Physiotherapist credential

Applicant's name: _____ **Date of birth:** _____

1) a) Does the applicant's current role have a formal advanced practice physiotherapy (APP) scope of practice and/or Model of Care and/or local APP credentialing (NSQHS definition)

No ☐ Yes ☐ If yes, **please attach** relevant documents that best describes their advanced practice role.

b) Has the applicant had formal local assessment of competence (NSQHS definition) for autonomous advanced practice?

No ☐ Yes ☐

2) Please complete the table below with current & previous autonomous **APP** role/s held within the Hospital/Health Service:

Role	FTE of APP hrs	current or past	Total years of clinical practice in this role excluding periods of >6 months leave
Eg Spinal screening clinic APP	0.2 FTE	current	2.5 years
Eg Emergency Department APP	1.0 FTE	past	5.3 years

3) Does the applicant practice autonomously within the scope of their current APP role? This will include autonomously undertaking any clinical assessments and undertaking or directing management. This will include the capacity to autonomously discharge patients referred to a Specialist Outpatient Department (e.g. Orthopaedics, Neurosurgery) or presenting to an Emergency Department.

No ☐ Yes ☐

4) Specific to their advance practice setting, do the applicant's documentation practices demonstrate decision-making, client safety, confidentiality, and privacy?

No ☐ Yes ☐

5) Does the applicant have any significant role in non-clinical components of the APP service such as management, research, teaching and/or training other APPs? Please indicate and explain role briefly in the table below:

Area	Tick if Yes	Hrs/wk	Comments / Examples
Clinical Supervision responsibilities: does the applicant provide direct line ongoing clinical supervision to other APP staff?	☐		
APP Management activities e.g., service development, project leadership, governance	☐		
APP Research involvement e.g., data collection oversight, leading a study, knowledge translation	☐		
APP Teaching activities e.g., running tutorials, simulations, lectures	☐		
Training of other APPs e.g., mentoring, competency training, developing resources	☐		
Other specific APP contribution e.g., development or teaching a training program for junior medical staff	☐		

7. Please provide any additional detail you feel is relevant for the applicant's application for APA Titling in Advanced Practice:

_____
_____
_____
_____

8. In the event that details need to be checked, please include your phone number or the name and number of the applicant's clinical physiotherapy supervisor

_____

Name: _____Signed: _____

Job Title: _____ Date: _____

Case Study guide

The case studies are a formal illustration of highly developed knowledge, skills and clinical reasoning skills. The cases should display evidence of an appropriate level of practice including advanced reasoning and problem solving in assessment and management as well as reflective practice. a high degree of autonomy and complex decision making.

Word Count < 2000 words excluding references

Planning for selection of three (3) case studies:

- Case studies are your primary evidence for Key Competencies 1.2., 1.3. 3.3., and 6.3 (see Key Evidence document). Seven of the 26 key competencies (1.4., 2.2., 3.1., 4.2., 5.1., 7.1, and 7.2.) have an option to use a situation or context from one of your case studies. (see Key Evidence document). Please consider these carefully when planning case study selection.
- Cases should demonstrate complexity consistent with the level required for a titled practitioner.
- Combined, the case studies should cover all of the clinical practice domains and broader contextual factors relevant to your area of practice. These are listed in the table below and must be ticked as appropriate, or not applicable, to indicate which is covered in each case. Use this page as a cover for each case.

	Clinical Practice Domains
☐	Spine related presentations - axial and peripheral
☐	Atraumatic peripheral presentations
☐	Peripheral trauma presentations
☐	Post surgical presentations
	Broader contextual factors
	Population contexts:
☐	Across the lifespan (e.g. geriatrics, paediatrics)
☐	Cultural, social, and environmental factors
	Knowledge, skill and reasoning contexts:
☐	Wound assessment and management
☐	Pharmacology
☐	Radiology and other investigations
☐	Pathology
☐	Assessment and management of complex undifferentiated presentations
☐	Co-morbidities and their implications in the clinical context
☐	Sinister pathologies and/or medical masquerading conditions
☐	Clinical management of relevant diagnoses
	Role contexts:
☐	Expert opinion to patient, relevant others and multiprofessional stakeholders
☐	Management pathway planning including medical speciality referral

Instructions for inclusion in template:

1. **Brief description of case**
   - Age and gender, clinical setting, presenting complaint or referral information, any diagnosis and any imaging with referral
2. **Assessment**
   - Interview: all findings relevant to differential diagnosis eg symptoms, timeline and history relevant to presenting complaint, function, previous opinions/care/investigations, general health, past medical history, psycho-social history, medication, consideration of sinister or serious pathologies.
     Physical Examination: all findings relevant to differential diagnosis eg routine musculoskeletal clinical examination, region-specific exam/special tests, neurological or vascular examination, specifics of abnormal and normal findings, imaging /investigation findings.
     Include how you may have adapted the assessment to the patient/client's needs.
   - Clinical reasoning: Justification (using advanced reasoning) to outline your interpretation of the assessment findings with a ranked differential diagnosis chart, giving specific supporting and negating evidence. Relate this to any further planned investigations. Include key evidence and references to support your justification
   - Communication: Describe how you may have adapted your communication to the unique needs, preferences and/or circumstances of the patient/client's needs.
3. **Management Plan**
   - Define the management plan goals
   - Describe the management plan and implementation relating to your diagnosis or differential diagnoses eg same day and subsequent care including monitoring, relevant tests, medication management, delegation or transfer management, procedures, referrals, risk management, education, modifications. Summarise your expectations of prognosis and progress over time
   -
   - Discuss any collaborations: Who else was involved in the care? Why? How was collaboration facilitated and how did their input influence treatment?
   - Justify the management plan including clinical reasoning, key evidence as appropriate, rationale for particular elements of plan, if applicable and references to support your justification
4. **Professional and Ethical issues/considerations**
   - Did you refer and/or adhere to specific guidelines, codes or standards of practice? Discuss any ethical issues arise when managing the care of this patient/client. This may include considerations of cultural safety, informed consent, confidentiality, and managing patient autonomy. Discuss any challenges encountered in decision-making and how you addressed them professionally. Highlight how you ensured patient/client-centred care and supported the patient's/client's self-efficacy and autonomy.
5. **Reflection**

   Provide an insightful reflection on your personal response to the experience with this case study
   Reflect on:
   - The effectiveness of your care: What worked well, and what required adjustments?
   - Were the goals met? Why or why not?
   - How you would/could modify your approach if faced with a similar case in the future.
   - What you learnt for example: assessment strategies, evidence based practice, clinical reasoning, treatment planning, and/or patient management, communication, collaborative care, lifelong learning and reflective practice. Could management of this patient have been improved? What worked and what required adjustments?

Your reflection needs to align with Titling Evidence Portfolio Pathway Learning Outcomes, ensuring it demonstrates self-awareness of your:

- Advanced clinical assessment and reasoning skills.
- Effective care planning and adaptation.
- Ethical and professional conduct.
- Commitment to lifelong learning and reflective practice.

6. **References**

   Cite any clinical guidelines, research articles, or other sources used to inform your assessment and management plan.

Mandatory – include case notes for each case study (ensuring patient/client confidentiality through redaction of identifiable information)

Case Study Number 1 2 3 *(please circle)*

Candidate Name: _____ **Candidate ID:** _____

Patient Details Initials: _____ Age: _____

Area of Practice: _____ *Title of case*_____

1. BRIEF DESCRIPTION OF THE CASE:

2. ASSESSMENT
Interview and physical exam details
Clinical reasoning
Communication

3. MANAGEMENT PLAN
Describe the patient/client's health management goals.

Describe the management plan developed for this patient
Collaboration with colleagues
Provide justification for management plan

4. PROFESSIONAL AND ETHICAL ISSUES/CONSIDERATIONS

5. REFLECTION

6. REFERENCE LIST (APA format)

Attachment F

Draft Viva Voce Scenario and Marking Guide

Score Rating

0 - 1 – Fail/Not Met

2 - 4 – Pass/Met

Marking Criteria aligned to the National AP Competence Framework

Scenario	'Marking Criteria' for assessors	Rating
Clinical Scenario from one Phase 2 case study *PRACTITIONER, SCHOLAR, COLLABORATOR, COMMUNICATOR, HEALTH ADVOCATE* Sample questions as relevant to case: 1. Outline your reasoning for your for differential diagnosis 2. Outline your reasoning for your imaging investigation 3. How do comorbidities affect your differential diagnosis in your APP practice? 4. What was the importance of the medication history for this patient? 5. Outline your initial management plan if any suspicion of sinister pathology 6. Discuss one aspect of your decision making in this vignette from an evidence-based practice perspective (assuming not indication of sinister pathology) 7. Outline your communication of this management plan to the patient	• Articulates a comprehensive range of hypothesised prioritised differential diagnoses including red flags. • Demonstrates justification for these differential diagnoses displaying knowledge of patterns of presentation. • Demonstrates knowledge of most categories of relevant sinister pathologies. • Clear reasoned articulation of relevant initial management plans to address these. Includes escalation to relevant team members, though the urgency or the rationale may be slightly off. • Proposes a comprehensive relevant management plan (e.g., pharmacological, non-pharmacological, lifestyle, follow-up) grounded in current clinical guidelines. • Clinical reasoning process reflects a large organised knowledge base. • Able to articulate clinical reasoning process at an advanced level. Clear jargon free explanation of management plan to patient.	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
Comments/Feedback		
Clinical Vignette *PRACTITIONER, SCHOLAR* 1. What is your examination plan and why? 2. List and justify your differential diagnoses? 3. Briefly list and justify your management plans including consideration of any priorities?	• Able to articulate clinical reasoning process for assessment at an advanced level. • Reflects processes of hypothetico-deductive reasoning with the generation of appropriate range of hypotheses. • Uses some pattern recognition as appropriate. Well prioritised, accurate differential diagnosis.	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

4. Discuss one aspect of your decision making in this vignette from an evidence-based practice perspective *Refer to draft Clinical Vignette on page 4*	• Develops a management plan that is relevant to patient's problems appropriate to this setting. • Clinical reasoning process reflects a large organised knowledge base. • Demonstrates a solid evidence-base to decision-making in the context of specific clinical setting	
Comments/Feedback		
Clinical – imaging skills *PRACTITIONER, COMMUNICATOR, HEALTH ADVOCATE* 1. what is the primary finding in these images for this patient with XXX clinical presentation? 2. Given these findings, what is your likely management plan? 3. How would you explain your primary finding AND any incidental imaging findings to this patient?	• Demonstrates advanced knowledge and skills in interpreting imaging. • Correctly identifies the primary finding. Description is adequate but may lack minor descriptive details. • Draws effectively from findings to inform likely contributing pathology and diagnosis. • Draws effectively from findings to support appropriate management plan. • Proposes a reasonable, safe, and generally correct management plan. May miss one nuanced step or lack a clear long-term follow-up strategy. • Avoids medical jargon. Addresses incidental findings in a non-alarmist manner, clearly distinguishing them from the main issue. • Explains implications for prognosis and treatment options.	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
Comments/Feedback		
"Non Clinical" – eg Scope of Practice: *PRACTITIONER, COLLABORATOR, COMMUNICATOR, LEADER, PROFESSIONAL* 1. Describe the scope of practice relevant for your role (including boundaries) and provide an example of what you might encounter that would be outside scope of practice and why? 2. What potential issues could emerge with changing scope of practice in Advanced Practice and how might these be pre-emptively managed to avoid potential conflict? 3. How do you communicate your role and scope of practice	• Defines role but may lack detail, miss some minor key responsibilities. • Clearly articulates boundaries of their practice. Accurately explains what they are not permitted to do, based on qualifications, training, or legislation. • Provides a realistic scenario that directly tests the boundaries of their role. May omit some details of formal organisational scope governance.	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

and the clinical governance of this to medical staff and to patients?	• Mentions obvious scope of practice issues but analysis may be generalised. • Suggests sound management strategies such as team meetings, additional training, and clearly defined position descriptions. • Solutions are practical but lack highly structured frameworks. • Clearly states professional title, responsibilities, boundaries and tasks, ensuring both medical staff and patients understand exactly what is within the scope of practice	Note: score of 0/4 for one "Non-Clinical" question results in overall fail of the Viva
Comments/Feedback		

Draft Example of Clinical Vignette for AP EPP Titling Viva Voce

55yo female, retail worker, seen in the Neurosurgical Spinal Screening Clinic.

- Referred by GP 6 months prior for right upper limb radiculopathy.
- CT cervical spine (7 months prior to today) attached to referral reports multilevel spondylosis and large right paracentral disc bulge C5/6.
- GP noted neurological examination abnormality at time of referral.
- 5 sessions Physiotherapy no help.

Primary complaint:

Current symptoms: constant neck pain 10/10, bilateral arm and hand pain and parasthesia in radial forearms and thumbs is intermittent, at worst 6/10. Parasthesia eases shaking hands. All pains and parasthesia worse at night and neck pain worse in sustained position.

Past history of condition – onset milder neck pain 9 months ago, onset of right arm and hand pain and parasthesia 7 months prior and worsening. Left arm pain and parasthesia onset 2 months prior and worsening.

Q1. What is your examination plan and why?

Gait normal

Rombergs 10 secs

Range neck 50% reduced all directions, bilateral shoulder exam NAD

Neuro exam:

Upper limb	Myotomes all 5/5 bilaterally Dermatomes normal bilaterally Reflexes Biceps, Triceps all 2+ bilateral	Lower limb	Myotomes all 5/5 bilaterally Dermatomes normal bilaterally Reflexes Quads, Achilles all 3+ bilateral

Positive Hoffmans bilat, inverted radial reflex.

Negative pronator drift sign, Tromner sign bilat

Positive Phalens and Tinels bilat wrist, negative Durkans

Nil pain or parasthesia legs, bowel or bladder symptoms nor headaches.

Several months of mild hand weakness, occasional dropping cups.

Mild reduced balance but no falls. Nil inco-ordination or gait disturbance

Current Health: no weight loss, non-smoker, min alcohol

Medical History: Type 2 diabetes, reflux, overweight, depression

Nil PH cancer, stroke, cardiac, respiratory, renal, GIT

Medications: Metformin, Nexium, Zoloft, regular paracetamol, occasional Tramadol

Social: right-handed retail worker, lives with partner, adult children. Minimal exercise for leisure.

Q2. List and justify your differential diagnoses?

Q3. Briefly list your plans including consideration of any priorities?

Q4. Optional – discuss one aspect of your decision making in this vignette from an evidence based practice perspective