

## SPPCP Fellowship Reviewer Scoring Guide

### Purpose and Instructions for Reviewers

The **SPPCP Fellowship Reviewer Rubric** is designed to guide fair, consistent, and transparent evaluation of candidates for the designation of **Fellow of the Society of Pain and Palliative Care Pharmacists (FPPCP)**.

This designation recognizes members who have demonstrated **sustained excellence, leadership, and impact** in advancing the field of pain and palliative care pharmacy.

### Purpose of the Fellowship Review Process

The purpose of the SPPCP Fellowship designation is to identify and honor members who have:

- Contributed meaningfully to the advancement of pain and palliative care pharmacy practice.
- Demonstrated professional leadership and service aligned with the SPPCP mission.
- Shown commitment to mentorship, scholarship, innovation, and community engagement.
- Sustained a record of excellence and professional growth over a period of years.

### Reviewer Responsibilities

Reviewers serve as representatives of the Society and are expected to:

- Evaluate all materials **objectively**, based on the evidence provided in the application and CV.
- Maintain **confidentiality** of all applicant materials and deliberations.
- Identify and **disclose any conflicts of interest** before review assignments.
- Apply the rubric consistently and **avoid bias** related to institution, geography, or personal familiarity with applicants.

### Using the Rubric

- Reviewers should assign scores for each section using the **defined point ranges** and **descriptive anchors** provided in the rubric.
- The rubric reflects both **achievement** and **sustained impact**; reviewers should prioritize longevity (years of service), mission alignment, and measurable outcomes.
- When ranges are provided, reviewers should use discretion within the range to reflect relative strength.
- Partial credit should be given when contributions are meaningful but not fully developed.
- Scores should be based on **verifiable evidence** found within the candidate statement, CV, or supporting documentation.

### Scoring and Recommendations

- The total possible score is **360 points**.
- Applicants must achieve **at least 252 points overall** to be eligible for consideration.
- Final recommendations should be marked as:  
 Recommend for FPPCP     Do Not Recommend     Refer to Nominations Committee
- Reviewers should include a **brief written justification** summarizing the applicant's strengths, areas for growth, and overall alignment with the fellowship criteria.

## Section I. Professional Experience (30 points)

**Purpose:** Evaluate the applicant's depth, longevity, and progression of professional activities that

advance pain management, palliative care, hospice, substance use disorder, and other practice areas aligned with the SPPCP mission. This section recognizes sustained engagement and growth in any role, clinical, academic, research, administrative, or other, that meaningfully contributes to the specialty. Emphasis should be placed on the duration, evolution, and mission alignment of the applicant's professional trajectory, rather than on job title or setting. Leadership, education, and measurable outcomes are assessed in later sections.

**When reviewing this section, consider:**

- **Length of specialty-aligned activity:** Count total years of sustained professional engagement in pain management, palliative care, hospice, substance use disorder, or other areas advancing SPPCP's mission. Include clinical, academic, research, administrative, and policy-related work that contributes meaningfully to the specialty.
- **Relevance:** Confirm that the applicant's role, practice setting, or focus area demonstrably supports the SPPCP mission—such as patient care, education, scholarship, advocacy, or program development in pain and palliative care domains.
- **Role progression:** Evaluate growth in scope, influence, and responsibility over time (e.g., advancement in clinical, academic, administrative, or research leadership). Recognize expanded impact even without formal title changes.
- **Depth of expertise:** Assess evidence of sustained or advanced-level contributions within the applicant's area of practice, such as specialty credentialing, development of best practices, or recognized subject-matter expertise relevant to the SPPCP mission.

Do not award additional credit here for outcomes, innovations, or leadership deliverables already scored in other sections.

Subsection	Exceeds	Meets	Developing	Insufficient/None
<b>Documented Years of Specialty-Aligned Experience (15 pts)</b>	13–15 pts: ≥10 years of sustained professional activity (clinical, academic, research, administrative, or other) in mission-aligned areas such as pain, palliative care, hospice, or substance use disorder. Specialty work clearly central to professional identity and SPPCP mission.	9–12 pts: 6–9 years of consistent mission-aligned professional activity or emerging with regular engagement in programs, patients, or projects supporting SPPCP's mission.	5–8 pts: 3–5 years of partial or emerging specialty focus (e.g., split duties or early career in specialty area).	0–4 pts: <3 years of documented specialty involvement or work primarily outside SPPCP's mission.
<b>Progression of Roles and Responsibilities (15 pts)</b>	13–15 pts: Clear progressive trajectory showing expanded scope and expertise (e.g., staff → specialist → service lead / consultant / program director).	9–12 pts: Demonstrated advancement in clinical practice, teaching, leadership, research	5–8 pts: Early-stage or limited progression; some specialty role growth but short duration	0–4 pts: Role static or unrelated to SPPCP mission; minimal evidence of growth or expanded responsibility.

Subsection	Exceeds	Meets	Developing	Insufficient/None
	Recognized as advanced practitioner or subject-matter expert.	management, administrative oversight, or program development.	or narrow scope.	

#### Calibration Notes

- Evaluate **mission alignment before role type** — academic, clinical, research, administrative, and hybrid roles may all earn top scores if impact is demonstrated.
- Prioritize **sustained engagement and evolution of responsibility** over formal title changes.
- Consider **context and scope**; part-time or interdisciplinary work may reflect long-term specialty commitment.
- Use the candidate statement to verify sustained mission alignment and progressive impact over time.

## Section II: Training & Certifications (25 pts)

**Purpose:** Assess academic preparation and specialty credentials supporting pain and palliative care expertise.

Subsection	Exceeds	Meets	Developing	Insufficient/None
<b>Postgraduate Training (Residency or Fellowship) (10 pts)</b>	<b>9–10 pts:</b> Completion of PGY2, fellowship, or equivalent advanced training in pain, palliative care, hospice, substance use disorder, or other SPPCP-aligned specialty.	<b>6–8 pts:</b> PGY1 or partial specialization (e.g., palliative care elective or rotation).	<b>3–5 pts:</b> General or non-specialized residency with limited mission alignment.	<b>0–2 pts:</b> No residency/fellowship or unrelated program.
<b>Board or Specialty Certification (10 pts)</b>	<b>9–10 pts:</b> Board certification (e.g., BCPS, BCPP, BCGP, or other) or nationally recognized credential directly related to pain, palliative care, or substance use disorder.	<b>6–8 pts:</b> Completion of advanced certificate programs or CE-based series in SPPCP-aligned areas.	<b>3–5 pts:</b> General or peripheral credential that indirectly supports SPPCP mission.	<b>0–2 pts:</b> No certification or unrelated credential.
<b>Other Relevant Certifications (5 pts)</b>	<b>5 pts:</b> Multiple complementary specialty or advanced credentials (e.g., pain educator, hospice trainer, naloxone champion, academic teaching certificate) demonstrating sustained professional development.	<b>3–4 pts:</b> One relevant certification contributing to professional growth.	<b>1–2 pts:</b> General or tangential certification with limited relevance.	<b>0 pts:</b> None or unrelated certification.

#### Calibration Notes

- Recognize **mission-aligned continuing professional development** (e.g., certificate programs, micro-credentials, CE pathways).
- Award top-tier points for **demonstrated specialization or continuous professional advancement** over time, even if achieved through nontraditional routes.
- Evaluate postgraduate training based on **content relevance and sustained application**, not just program title.

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### Section III. Scholarly Work & Research (40 pts)

**Purpose:** Evaluate sustained scholarly productivity and impact aligned with SPPCP's mission over the past 10 years.

Subsection	Exceeds	Meets	Developing	Insufficient / None
<b>Peer-Reviewed Publications (20 pts)</b>	17–20 pts: Six or more peer-reviewed publications within 10 years, including ≥ 3 as first or senior author, focused on pain management, palliative care, hospice, substance use disorder, or other SPPCP-aligned topics. Publications demonstrate measurable impact, translation to practice, or advancement of the SPPCP mission.	12–16 pts: Three to five peer-reviewed publications or co-authorships on SPPCP-aligned topics reflecting consistent contribution to the field.	6–11 pts: One to two publications or co-authorships with partial alignment (e.g., tangential topics or earlier-career output).	0–5 pts: No publications or publications unrelated to SPPCP's mission.
<b>Non–Peer-Reviewed Publications (5 pts)</b>	5 pts: Three or more relevant commentaries, monographs, practice updates, white papers, or invited articles in SPPCP-aligned venues (e.g., newsletters, clinical updates, society communications).	3–4 pts: One or two relevant non-peer-reviewed publications with educational or clinical significance.	1–2 pts: Tangential publications or internal-only reports with limited mission alignment.	0 pts: No non-peer-reviewed publications or unrelated content.
<b>Abstracts, Posters, or Presentations (5 pts)</b>	5 pts: Five or more national or international presentations (podium or poster) within 10 years that disseminate research, clinical innovation, or education aligned with SPPCP's mission.	3–4 pts: Two to four regional or national presentations on SPPCP-aligned topics.	1–2 pts: One to two local or internal presentations with partial alignment.	0 pts: No presentations or unrelated content.
<b>Grant Funding or Research Leadership (10 pts)</b>	9–10 pts: Principal Investigator (PI) or Co-PI on externally funded projects within 10 years demonstrating outcomes relevant to SPPCP's	6–8 pts: Co-Investigator or project leader on internally funded or collaborative	3–5 pts: Participant or contributor in quality-improvement,	0–2 pts: No research activity or projects unrelated to

Subsection	Exceeds	Meets	Developing	Insufficient / None
	mission (pain, palliative care, hospice, SUD pharmacy).	research initiatives with documented mission-aligned outcomes.	educational, or pilot projects with limited scope or outcome data.	SPPCP's mission.

#### Calibration Notes

- Recognize **all forms of scholarship**, including traditional academic research, applied clinical inquiry, program evaluation, and innovation dissemination.
- Evaluate for **mission relevance, sustained engagement, and impact**, not solely publication count or funding size.
- Include **SPPCP-led or society-published works** as high-value contributions given their direct mission alignment.
- Reward **translation to practice** — e.g., publications or projects that directly improve patient care, workforce development, or clinical service delivery.
- Encourage reviewers to consider authorship context: senior or collaborative authorship can both reflect significant expertise and mentorship impact.

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## Section IV. Education, Mentorship & Workforce Development (60 pts)

**Purpose:** Recognize sustained, mission-aligned teaching, precepting, and mentorship over time.

Subsection	Exceeds	Meets	Developing	Insufficient / None
<b>Experiential Student Training (10 pts)</b>	9–10 pts: ≥ 5 years of sustained precepting or mentorship of pharmacy students or other trainees in pain, palliative care, hospice, or related SPPCP-aligned areas. Demonstrates measurable learner outcomes or curricular impact.	6–8 pts: 3–4 years of consistent precepting or mentorship in SPPCP-aligned areas.	3–5 pts: 1–2 years of limited or intermittent precepting or mentorship areas.	0–2 pts: No student training experience or unrelated area.
<b>Resident Training (10 pts)</b>	9–10 pts: ≥ 5 years as residency program director, primary preceptor, or consistent mentor to PGY1/PGY2 residents with measurable outcomes in SPPCP-related domains.	6–8 pts: 3–4 years of consistent mentorship or rotation precepting in specialty-related areas.	3–5 pts: Occasional or short-term resident interaction.	0–2 pts: No resident involvement or unrelated specialty.

Subsection	Exceeds	Meets	Developing	Insufficient / None
<b>Fellowship / Post-Graduate Mentorship (10 pts)</b>	9–10 pts: ≥ 3 years as fellowship director, co-mentor, or ongoing supervisor with evidence of postgraduate mentee success or scholarly output in SPPCP-aligned fields.	6–8 pts: Periodic involvement in postgraduate mentoring or informal guidance.	3–5 pts: Minimal or short-term mentorship experience.	0–2 pts: None or unrelated mentoring activities.
<b>Didactic or Interprofessional Teaching (10 pts)</b>	9–10 pts: ≥ 5 years of sustained didactic or interprofessional teaching on SPPCP-aligned topics with evidence of learner impact or course leadership.	6–8 pts: 3–4 years of recurring instruction or guest lectures on SPPCP-aligned content.	3–5 pts: 1–2 years of limited or peripheral teaching activity.	0–2 pts: Little / no relevant teaching activity.
<b>Accredited Continuing Education Programs (15 pts)</b>	13–15 pts: ≥ 5 years of involvement in SPPCP-sponsored or SPPCP-accredited CE activities (webinars, virtual conference, podcasts, panels) with measurable participant outcomes.	9–12 pts: 2–4 years of national or regional CE participation in SPPCP-aligned areas with organizations other than SPPCP.	4–8 pts: One-time or limited CE activity in a relevant topic.	0–3 pts: No CE activity or unrelated topics.
<b>Teaching / Mentorship Awards (5 pts)</b>	5 pts: National, multi-organizational, or SPPCP-level award or formal recognition for teaching, precepting, or mentorship excellence.	3–4 pts: Institutional / regional award or nomination.	1–2 pts: Local acknowledgment or commendation.	0 pts: No recognition or unrelated award.

#### Calibration Notes

- **Recognize all educational modalities** — classroom, clinical, interprofessional, and CE teaching are equally valued when mission-aligned.
- **SPPCP-sponsored education** (virtual conference, webinars, podcasts, panels) should receive the **highest scores** within this section.
- Prioritize **sustained engagement and measurable impact** over number of events.
- **Internal (SPPCP)** programs carry more weight than external or unaffiliated activities.
- Evaluate **breadth across learner levels** and **depth of contribution** to SPPCP's educational mission.
- Emphasize **years of sustained contribution** and **learner impact** over the number of lectures or contact hours.
- Credit **nontraditional mentorship**, including research supervision, peer mentoring, or leadership in workforce development initiatives.
- When evaluating awards, consider both formal recognition and documented evidence of teaching excellence or mentorship effectiveness.

- Reward applicants who demonstrate **breadth across learner levels** (students, residents, fellows, professionals) and **depth in impact** within SPPCP mission areas.

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## Section V. Professional Leadership (65 pts)

**Purpose:** Assess both the **breadth (multiple leadership roles)** and **longevity (years of service)** in SPPCP and related organizations.

Subsection	Exceeds	Meets	Developing	Insufficient / None
<b>SPPCP Leadership (45 pts)</b>	<p>41–45 pts: ≥ 5 years of sustained SPPCP leadership (e.g., committee chair, board member, officer, major project lead) with measurable outcomes such as policy development, publications, or strategic program success. Demonstrates national influence and clear advancement of the Society's mission.</p> <p>17–20 pts: ≥ 5 years in leadership roles (chair, officer, board member) for pain, palliative care, or substance use disorder–related organizations with documented outcomes (e.g., guidelines, advocacy initiatives, workforce development programs).</p>	<p>30–40 pts: 3–4 years of consistent SPPCP committee or task-force leadership with tangible deliverables (e.g., program coordination, member engagement, policy drafting).</p> <p>11–16 pts: 3–4 years of consistent leadership or officer roles in regional or interdisciplinary organizations aligned with SPPCP's mission.</p>	<p>15–29 pts: 1–2 years of active SPPCP participation or emerging project leadership showing developing influence.</p> <p>5–10 pts: Occasional or short-term leadership or committee participation with limited outcomes.</p>	<p>0–14 pts: Minimal or no engagement beyond membership status.</p> <p>0–4 pts: No leadership activities or activities unrelated to SPPCP's mission.</p>
<b>External Leadership (20 pts)</b>				

### Calibration Notes

- **SPPCP leadership** carries the **highest weight** in this section.
- Prioritize **longevity, measurable impact, and mission alignment** over number of positions held.
- External leadership is recognized but scored lower than SPPCP-specific roles.
- Include both **formal and functional leadership** (e.g., task-force lead, initiative chair).
- Verify **scope, duration, and outcomes** through the candidate statement or supporting materials.

## Section VI. Service to the Profession & Specialty (55 pts)

**Purpose:** Recognize professional volunteerism, advocacy, and organizational service.

Subsection	Exceeds	Meets	Developing	Insufficient / None
<b>Professional Service Activities (25 pts)</b>	22–25 pts: ≥ 3 years of sustained SPPCP or mission-aligned professional service (e.g., committee work, task forces, guideline panels, examination development, peer review, or accreditation surveyor roles) with measurable outcomes such as publications, standards, or policy impact.	15–21 pts: 2–3 years of consistent SPPCP-aligned service (e.g., conference planning, quality-improvement initiatives, or peer review for other pain/palliative journals).	6–14 pts: 1–2 years of limited or emerging service, local-level participation, or occasional peer-review activity.	0–5 pts: No documented service or activities unrelated to SPPCP's mission.
<b>Professional Awards &amp; Recognitions (10 pts)</b>	9–10 pts: National-level, multi-organizational, or SPPCP-issued award recognizing excellence, advocacy, or innovation within SPPCP's mission areas.	6–8 pts: Regional, institutional, or society-level recognition or award aligned with SPPCP's mission.	3–5 pts: Local or internal acknowledgment, nomination, or commendation.	0–2 pts: No recognition or awards unrelated to SPPCP's mission.
<b>Organizational Involvement (25 pts)</b>	22–25 pts: Multi-year active participation or leadership in SPPCP committees, task forces, or projects with measurable contributions to the Society or specialty. Demonstrates sustained engagement and impact.	15–21 pts: Ongoing participation in one professional organization through committee work or collaborative initiatives aligned with SPPCP's mission.	6–14 pts: Intermittent or limited engagement without measurable outcomes or documented impact.	0–5 pts: No organizational involvement or unrelated professional activity.

### Calibration Notes

- Evaluate **scope, duration, and mission alignment** rather than organization size or national prominence.
- Reward contributions that demonstrate **sustained professional service**, including accreditation reviews, guideline authorship, or peer-review activities.
- Recognize **institutional and regional service** that advances the field (e.g., policy creation, residency accreditation, opioid stewardship committees).
- Include **voluntary roles** outside formal leadership (e.g., abstract reviewer, manuscript editor, mentoring task force) as valid service evidence.

- Emphasize that excellence may occur through **collaboration, advocacy, or professional engagement**, not only through titled positions.

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## Section VII. Innovation & Program Development (30 pts)

**Purpose:** Reward creative, mission-aligned initiatives with measurable outcomes.

Subsection	Exceeds	Meets	Developing	Insufficient / None
<b>Innovation &amp; Program Development (30 pts)</b>	26–30 pts: Developed and implemented original, mission-aligned programs, services, tools, or curricula with measurable outcomes or demonstrated adoption beyond the local level. Examples include creation of new pain or palliative care service lines, decision-support tools, interprofessional training models, or digital resources that advance the SPPCP mission.	18–25 pts: Created or co-developed innovative initiatives within an institution or organization producing identifiable local or regional impact (e.g., improved care delivery, enhanced outcomes, or novel educational approaches).	10–17 pts: Participated in or contributed to an innovative effort aligned with SPPCP's mission but lacking measurable impact, or broad implementation.	0–9 pts: No documented innovation, or innovation unrelated to SPPCP's mission.

### Calibration Notes

- Evaluate **originality, sustainability, and mission alignment** rather than scope or funding level.
- Recognize both **educational and clinical innovations**—curricula, care models, digital tools, or quality-improvement projects all qualify if they demonstrate measurable benefit.
- Give full credit for **collaborative innovations** when the applicant's contribution and alignment with SPPCP's mission are clearly described.
- Credit **practice-based innovation** equally with research-based development when outcomes or adoption are documented.
- Use the candidate statement or supporting materials to confirm the innovation's reach, measurable results, or dissemination to peers.

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## Section VIII. Community Engagement & Service (30 pts)

**Purpose:** Recognize advocacy and outreach efforts aligned with SPPCP's mission.

Subsection	Exceeds	Meets	Developing	Insufficient / None
<b>Community Education (10 pts)</b>	9–10 pts: ≥ 3 years of sustained public or community education initiatives focused on pain management, palliative care, hospice, or substance use disorder. Demonstrates measurable community reach, collaboration, or ongoing partnership (e.g., public education series, patient advocacy events, health fairs).	6–8 pts: Periodic community or institutional educational activities with clear mission alignment and documented participation or feedback.	3–5 pts: One-time or limited community education event with modest impact or reach.	0–2 pts: No relevant community education or unrelated outreach.
<b>Advocacy Activity (10 pts)</b>	9–10 pts: Active leadership or substantial involvement in local, regional, or national advocacy efforts (e.g., policy development, legislative testimony, opioid safety or access-to-care initiatives) with measurable or sustained impact.	6–8 pts: Ongoing participation in advocacy or professional awareness campaigns advancing SPPCP's mission and values.	3–5 pts: Limited or one-time advocacy engagement with minimal measurable impact.	0–2 pts: No advocacy activity or unrelated involvement.
<b>Charitable Service (10 pts)</b>	9–10 pts: ≥ 3 years of sustained volunteer or charitable service directly supporting populations affected by pain, palliative care, hospice, or substance use disorder (e.g., hospice volunteerism, community clinic work, overdose prevention programs).	6–8 pts: Regular volunteer or charitable activity aligned with SPPCP's mission (e.g., health outreach, medication safety campaigns).	3–5 pts: One-time or short-term volunteer activity with limited scope or alignment.	0–2 pts: No relevant charitable service or unrelated volunteerism.

#### Calibration Notes

- Evaluate **impact, duration, and mission alignment** of community involvement rather than geographic scale.
- Include **institution-based or health-system advocacy** as qualifying community service if focused on patient or caregiver support.
- Recognize contributions that expand **public awareness, access to care, or education** in SPPCP's domains.
- Give equitable credit for **grassroots efforts, community partnerships, and institutional advocacy** alike.
- Reward **sustained engagement** and evidence of measurable outcomes (attendance, feedback, collaborations, or recognition).

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## Section IX: Candidate Statement (20 pts)

**Purpose:** Evaluate synthesis of professional impact, leadership, and alignment with the SPPCP mission.

Subsection	Exceeds	Meets	Developing	Insufficient / None
<b>Candidate Statement (20 pts)</b>	16–20 pts: Clear, compelling narrative integrating professional achievements across domains (practice, leadership, scholarship, education, innovation, and service). Demonstrates sustained impact, mission alignment, and reflection on how contributions have advanced pain management, palliative care, hospice, or substance use disorder pharmacy. Provides specific examples of measurable outcomes or influence.	11–15 pts: Organized, relevant narrative describing consistent engagement and contributions within SPPCP-aligned areas. Demonstrates professional growth and mission alignment but provides limited examples of measurable impact.	6–10 pts: Narrative demonstrates partial alignment with SPPCP's mission or limited reflection on broader influence. Summarizes activities without clearly articulating outcomes or sustained contribution.	0–5 pts: Minimal or missing narrative; lacks connection to SPPCP mission, limited reflection, or absence of supporting examples.

#### Calibration Notes

- Evaluate the **integration and reflection** of the applicant's experiences across all sections rather than the writing style or format.
- Reward statements that show **self-awareness, mission alignment, and measurable influence** over time.
- Encourage reviewers to view the statement as an opportunity to recognize **nontraditional impact** (e.g., clinical outcomes, policy influence, mentorship, advocacy).
- Avoid bias toward academic writing or publication-based examples—value **practice-based narratives** equally.
- Use the candidate statement to validate contributions that might span multiple domains but collectively demonstrate excellence.