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TO: Residency Program Directors

FROM: Lawrence J. Cohen  
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Michael S. Maddux  
Executive Director

SUBJECT: Board Certification

DATE: January, 2012

It is well-recognized that accredited residency training programs seek to provide optimal practice-based experiences under the guidance of highly competent preceptors. Commensurate with this effort, the pharmacy profession is committed to continuous quality improvement mechanisms that assess, ensure, and promote competence. In accordance with this philosophy, the American College of Clinical Pharmacy (ACCP) has published in *Pharmacotherapy* a position statement (see <http://www.accp.com/docs/positions/positionStatements/BoardCertiPosStatmnt.pdf>) noting that it believes that board certification serves as a well-validated indicator of a practitioner's level of knowledge and that this credential is an essential element of clinical privileging.<sup>1</sup> Furthermore, ACCP supports efforts to increase the number of board certified clinical pharmacists and in the future to require board certification for practitioners who supervise residents during direct patient care pharmacy practice experiences.<sup>1,2</sup> During these experiences, residents are expected to manage the pharmacotherapy of patients with complex or special drug-therapy needs. Therefore, they must receive supervision and guidance from qualified, board certified preceptors and the residents themselves should be prepared to obtain board certification at the conclusion of their training. Accordingly, the ACCP position statement also supports the public reporting of the number of residency program directors and preceptors who are board certified pharmacist specialists and the number of residency program graduates who become board certified within 3 years of completing residency training.<sup>1</sup>

Board certification is broadly supported by the profession. The American Society of Health-System Pharmacists "Long range Vision for the Pharmacy Work Force in Hospitals and Health Systems" states that pharmacists who provide services in an area in which specialty certification exists should be expected to be certified in that specialty.<sup>3</sup> Moreover, the ASHP Commission on Credentialing requires directors of PGY-2 residencies to be board certified when certification is offered in their area of practice.<sup>4</sup> A White Paper published in the Journal of the American Pharmacists Association in 2004 cites the importance of pharmacists on multidisciplinary teams and the desirability of board certification.<sup>5</sup> Other statements supporting board certification have been published by the American Association of Colleges of Pharmacy and the American Society of Consultant Pharmacists.<sup>6,7</sup>

**We hope you will share the enclosed information about the Board of Pharmacy Specialties and the process for achieving board certification with your preceptors and other program directors.** In separate communications to school

and college of pharmacy deans and pharmacy practice department chairs, we have addressed the importance of board certification for faculty who teach pharmacotherapeutics and clinicians who precept students.<sup>1</sup>

Please encourage preceptors who practice in direct patient care settings and colleagues who serve as program directors to become board certified. To learn more about board certification, candidate qualifications, and the board certification application process, please refer to the Board of Pharmacy Specialties website ([www.bpsweb.org](http://www.bpsweb.org)) and the BPS brochure, "...shouldn't YOU get Board Certified?" available from BPS and online at <http://www.accp.com/docs/careers/BPSbrochure.pdf>.

## References

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