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Qualifications of Pharmacists Who Provide Direct Patient Care: Perspectives on the Need for Residency Training and Board Certification

American College of Clinical Pharmacy

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Running Head: Qualifications for Provision of Direct Patient Care

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Abstract

In 2006, the American College of Clinical Pharmacy (ACCP) released a position statement and a white paper to provide the College's viewpoints on the importance of postgraduate pharmacy residency training as a prerequisite for direct patient care practice and the vision that future clinical pharmacists engaged in direct patient care would be certified by the Board of Pharmacy Specialties (BPS). Since the release of these papers, some members of the pharmacy profession have interpreted ACCP's position as maintaining that *all* pharmacists—regardless of the focus of their professional practice activities—should complete formal postgraduate residency training and be board-certified specialists. That interpretation is not accurate. In this commentary, ACCP further defines "direct patient care" and states that it believes that clinical pharmacists engaged in direct patient care should be board certified (i.e., and residency-trained or otherwise board eligible) and have established a valid collaborative drug therapy management (CDTM) agreement or have been formally granted clinical privileges. The rationale for this viewpoint is presented in detail. The pharmacy profession has appropriately invested substantial resources to ensure the quality of its accredited residency training programs and board certification processes. ACCP believes that these training and certification programs are essential steps in preparing clinical pharmacists to provide direct patient care.

Background

In 2006, the American College of Clinical Pharmacy (ACCP) released a position statement[1] and a white paper[2] to provide the College's viewpoints on the importance of postgraduate pharmacy residency training as a prerequisite for direct patient care practice and the vision that future clinical pharmacists engaged in direct patient care would be certified by the Board of Pharmacy Specialties (BPS). The definition of "direct patient care," originally developed by ACCP, was subsequently embraced in 2009 by the Council on Credentialing in Pharmacy (CCP), a coalition of 12 national pharmacy organizations committed to providing leadership, guidance, public information, and coordination for credentialing programs that apply to pharmacy[3]:

> *Direct patient care practice involves the pharmacist's direct observation of the patient and his or her* [i.e., the pharmacist's] *contributions to the selection, modification, and monitoring of patient-specific drug therapy. This is often accomplished within an inter-professional team or through collaborative practice with another healthcare provider.*[4]

Both the ACCP position statement on residency training and the white paper on board certification cited earlier were released within several months of the 2005 publication of the Joint Commission of Pharmacy Practitioners (JCPP) paper "Future Vision of Pharmacy Practice."[5] In that consensus statement, JCPP member organizations (including ACCP) indicated that they shared a common vision for pharmacy practice in 2015:

> *Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.*

The JCPP vision addresses the full spectrum of patient services provided by the pharmacy profession as a whole, without focusing specifically on "direct patient care." Many patients have medication-related needs that can be effectively met in ways other than through the provision of "direct patient care," as defined above. Professional services provided by pharmacists on a day-

to-day basis are of recognized value to patients and the health care system; examples include general patient education/counseling on health and wellness, health screening, immunizing, promoting medication adherence, and performing medication reconciliation. However, these activities performed in isolation, although important, do not constitute direct patient care as defined by ACCP.

Since the release of ACCP's papers on residency training and board certification, some members of the pharmacy profession have interpreted ACCP's position as maintaining that *all* pharmacists—regardless of the focus of their professional practice activities—should complete formal postgraduate residency training and be board-certified specialists. That interpretation is not accurate. ACCP's position may also be misinterpreted by those who consider *any* type of interaction with a patient, regardless of its scope or purpose, "direct patient care."

Elaborating on ACCP's Position

Within the profession of pharmacy, ACCP represents the clinical pharmacy discipline and the clinical pharmacists who are predominantly engaged in clinical pharmacy practice, research, or education. Full membership in ACCP is conferred on the basis of a review of a clinical pharmacist's experience and accomplishments. These qualifications are demonstrated through evidence of formal education and training, validated credentials, a breadth and depth of professional experiences, and other factors. At a broader policy level, ACCP represents clinical pharmacists who provide direct patient care, teach the pharmacotherapeutic principles foundational to this practice, perform pharmacotherapy-related research, and foster and guide postgraduate clinical and research training.[6,7] ACCP's strategic plan focuses on the development, advancement, and positioning of clinical pharmacists who are committed to this practice within

the larger health care environment. Toward those ends, the College seeks to clarify its position regarding the desired qualifications and privileges of those *who provide direct patient care*:

> *Clinical pharmacists who engage in the direct observation and evaluation of the patient and his/her medication-related needs; the initiation, modification, or discontinuation of patient-specific pharmacotherapy; and the ongoing pharmacotherapeutic monitoring and follow-up of patients in collaboration with other health professionals, should possess the education, training, and experience necessary to function effectively, efficiently, and responsibly in this role. Therefore, ACCP believes that clinical pharmacists engaged in direct patient care should be board certified (or board eligible if a Board of Pharmacy Specialties [BPS] certification does not exist in their area of practice) and have established a valid collaborative drug therapy management (CDTM) agreement or have been formally granted clinical privileges by the medical staff or credentialing system within the health care environment in which they practice.*

ACCP's rationale for this position is based on three major principles. First, in providing direct patient care, clinical pharmacists are called on to deliver comprehensive medication management based on their in-depth knowledge of the patient and his or her medication-related needs. Direct patient care also involves maintaining a *formal* professional relationship with other health care professionals responsible for the patient's care. A consistent process of care is essential because it enhances the efficiencies of other members of the care team while vesting shared responsibility and accountability for medication-related outcomes in the clinical pharmacist as a full member of that team. This consistent process, as applied by clinical pharmacists when collaborating with the patient's other health professionals, is the critical factor in "operationalizing" direct patient care.

Second, the College believes that board certification (and, in some cases, board eligibility) is the cornerstone of the qualifications needed to provide direct patient care. Many patients' needs can be met by clinical pharmacists certified in the existing specialties of ambulatory care pharmacy (BCACP), nutrition support pharmacy (BCNSP), pharmacotherapy (BCPS), oncology pharmacy (BCOP), or psychiatric pharmacy (BCPP). However, because not all potential specialty areas have been formally recognized by BPS, it is reasonable to also recognize the qualifications of clinical pharmacists who would be eligible for certification in other practice areas if certification existed. As defined by BPS, board eligibility varies depending on the specialty considered. In general, the criteria for specialist board eligibility consist of (1) graduation from a pharmacy program accredited by the Accreditation Council for Pharmacy Education; (2) current, active licensure to practice pharmacy in the United States; and (3) completion of residency training in the designated practice area (and, in some specialties, completion of additional time in that practice after residency training) *or* 3–4 years of practice experience, with at least 50% of that time spent in the activities of the specialty practice. ACCP's expectation is that qualified clinical pharmacists will be board certified in the desired specialty *if* that specialty is recognized by BPS.[8] If the specialty is not recognized, documentation of the expected eligibility criteria for that specialty can be applied until the specialty is formally recognized and a specialty examination made available.

Third, it is important to reemphasize that ACCP's position is not intended to apply to *all* pharmacists across the spectrum of the profession. However, it is relevant to the growing number of clinical pharmacists, pharmacy residents, pharmacy students, and colleagues in other health professions who recognize the value of clinical pharmacists' practice of direct patient care. Indeed, appropriately educated, trained, and credentialed pharmacists can substantially improve

the quality of patient-centered pharmacotherapy, particularly for patients with complex medication-related needs.[9] Continued growth in the number and deployment of these clinical pharmacists will enhance the profession's ability to more completely meet the full range of patients' pharmacotherapy needs and truly contribute to achieving optimal health outcomes.

Growing Evidence, Evolving Understanding, and System Expectations

Increased recognition of the value of postgraduate residency training and board certification has occurred during the past 5 years among pharmacists seeking to fully engage as patient care providers in a reformed health care delivery system. For example, the number of BPS-certified pharmacotherapy specialists more than doubled between 2007 and 2011.[10] Concomitant growth has occurred in the other BPS clinical specialties as well. In 2011, the first board examination was offered in the new specialty of ambulatory care pharmacy practice. Four more specialties are currently in various stages of exploration or approval by BPS. Similarly, the number of new doctor of pharmacy graduates seeking PGY1 residency positions, as well as the number of candidates unable to match with a position, has increased substantially during the past 3 years.[11] In its 2013 white paper, BPS set a goal of reaching 30,000 board-certified pharmacists by 2017.[12]

Over the past 2 years, CCP has facilitated a comprehensive, informed intra-professional conversation related to the credentialing of pharmacists. This work has enhanced understanding of the many facets and implications for the credentialing of pharmacists in a changing health care system. Important guidelines and other documents have been developed and published supporting the view that the differentiated knowledge, skills, and experience of credentialed pharmacists are valuable to patients, the health care system, and the pharmacy profession itself.[13,14] Among the key areas of consensus that have emerged from the work of CCP has been an acknowledgment and explicit articulation of the differentiation in breadth, depth, and focus of

direct patient care activities within the overall scope of pharmacy practice, and the relationship of those elements to the profession's education, training, and certification programs. Most recently, as CCP worked to develop guiding principles for the post-licensure credentialing of pharmacists, the notion of "patient complexity" was embraced as the foundational concept for these principles. Key among the principles is the following statement:

> *Due to the variability in complexity of care and increasing differentiation of pharmacy practice, CCP believes that pharmacists—like many other patient care providers—should be expected to participate in credentialing and privileging processes to ensure they have attained and maintain competency to provide the scope of services and quality of care that are required in their respective practices.*[15]

Finally, the momentum of health care system reform continues to grow after the U.S. Supreme Court's decision in 2012 to uphold the constitutionality of the Patient Protection and Affordable Care Act, which passed in 2010. Based on the "Triple Aim" of better care for individuals, better health for populations, and reduced per capita costs,[16] these reforms are directly influencing the decisions of those with whom ACCP is actively engaged to promote the integration of clinical pharmacists' direct patient care services into that reformed system. Physician groups, institutional providers and systems, policy-makers, and payers all function in an environment that expects or requires all practitioners involved in direct patient care to be appropriately trained and credentialed to provide the highest-level and highest-quality care within their professional scope. Residency training and board certification are concepts that are well understood and embraced by these key stakeholders. Stakeholders are often impressed to learn that the pharmacy profession has such training and credentialing processes in place—and

want to better understand how this credentialing system can be recognized and applied within their environments.

The pharmacy profession has appropriately invested substantial resources to ensure the quality of its accredited residency training programs and board certification processes. ACCP believes that these training and certification programs are essential steps in preparing clinical pharmacists to provide direct patient care. In the College's view, such credentialing will be necessary to show that clinical pharmacists are able to meet the needs of patients, the expectations of other members of the health care team, and the demands of the evolving health care delivery system. Society deserves nothing less from those who provide direct patient care.

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