

ACCP POSITION STATEMENT

Board Certification of Pharmacist Specialists

American College of Clinical Pharmacy

Key Words: board certification, pharmacist specialists, credentialing.
(*Pharmacotherapy* 2011;31(11):1146–1149)

The American College of Clinical Pharmacy:

1. Believes that board certification contributes to improved patient care.
2. Believes that board certification is a valid assessment of a pharmacist's level of specialized knowledge in a designated area of practice.
3. Believes that board certification is an essential element of clinical privileging.
4. Supports fully the Board of Pharmacy Specialties (BPS) as the organization responsible for identifying and recognizing pharmacy practice specialties, setting standards for the certification and recertification of pharmacist specialists, and objectively evaluating individuals seeking certification and recertification.
5. Supports efforts to enhance and streamline the processes for recognition of pharmacy practice specialties, as well as efforts to increase the number, depth, and breadth of specialties.
6. Affirms its vision that in the future all pharmacists who are responsible (individually or collaboratively) for the pharmacotherapeutic management of patients with complex or special drug therapy needs will be board certified.

7. Supports the collaboration of pharmacists, employers, professional organizations, and legislative and regulatory bodies in the development of continuous quality improvement mechanisms to assess, ensure, and promote the competence of pharmacists. These mechanisms should include board certification; patient, employer, and payer evaluation of the outcomes of care; peer review by colleagues with similar education, training, experience, and responsibilities; and systematic review or evaluation by employers.
8. Supports requiring board certification for pharmacists who:
 - Supervise students and/or residents during direct patient care experiences when they manage the pharmacotherapy of patients with complex or special drug therapy needs.
 - Teach students about therapeutics and drug therapy management
 - Deliver continuing pharmacy education that focuses on therapeutics and drug therapy management of patients with complex or special drug therapy needs.
9. Supports the public reporting of the number of:
 - Residency program directors and preceptors who are board-certified pharmacist specialists.
 - Residency program graduates who become board certified within 3 years of completing their residency program.
 - Faculty and preceptors—specifically, those responsible for supervising students during advanced pharmacy practice experiences—at each college or school of pharmacy who are board-certified pharmacist specialists.
 - Pharmacists practicing in accredited health care delivery organizations—specifically, those pharmacists responsible for managing the pharmacotherapy of patients with complex or special drug therapy needs—who are board certified specialists.

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Definitions

Certification is the voluntary process by which a nongovernmental agency or an association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association.¹ This special recognition is granted to publically designate an individual as having attained the requisite level of knowledge, skill, and/or experience in a well-defined, often specialized, area of his or her profession. Certification requires an initial assessment and periodic reassessments of the individual's knowledge, skill, and/or experience.

Competence is the ability to perform one's work accurately, make correct judgments, and interact appropriately with clients and colleagues.¹ Clinical competence in pharmacy is characterized by good problem-solving and decision-making abilities, a strong drug therapy knowledge base, and the ability to apply knowledge and experience to diverse patient care situations.

A credential is documented evidence of professional qualifications.¹ In pharmacy, this includes academic degrees, state licensure, completion of residency or fellowship training, and board certification.

Privileging is the process by which a health care organization, having reviewed an individual health care provider's credentials and performance and found them satisfactory, authorizes that individual to perform a specific scope of patient care services within that organization.¹

Background

The purpose of this statement is to make explicit ACCP's position regarding the role and value of board certification for pharmacist specialists and to express ACCP's belief that board certification is a critical element in ensuring the quality of the pharmacist workforce. The College has a long history of advocacy for and advancement of board certification in pharmacy. In 1989, ACCP was the sponsoring organization of the petition to recognize Pharmacotherapy as a specialty. Over the ensuing 2 decades, ACCP has helped prepare thousands of pharmacists to take the Pharmacotherapy certification examination. More recently, ACCP served as a cosponsor of the petition to recognize Ambulatory Care Pharmacy Practice as a specialty.

As articulated in the white paper entitled "Future Clinical Pharmacy Practitioners Should Be Board-Certified Specialists," ACCP believes that board certification of pharmacists is an

important quality assurance process.² When considered with other quality indicators, board certification should be used to objectively determine and validate the ability of pharmacists to manage the pharmacotherapy of patients with complex or special drug therapy needs and teach others how to manage the pharmacotherapy of patients with complex or special drug therapy needs. Additional ACCP papers have discussed the necessity for pharmacists who provide direct patient care, including those in academic positions, to have appropriate credentials.²⁻⁶

There are currently three principal types of credentials for pharmacists: the professional degree granted by a college or school of pharmacy, the license to practice issued by a board of pharmacy, and advanced, voluntary credentials, including completion of postgraduate training and board certification. Although numerous credentials are available beyond licensure, the process of board certification is the only one that validates a pharmacist's knowledge in a given specialty area through a rigorous examination and recertification process.

In 2006, ACCP articulated its vision that postgraduate training should be a prerequisite for pharmacists practicing in direct patient care roles by 2020 and, in a second paper, stated that most pharmacists should be board certified in an appropriate specialty area.^{2,5} Although residency training may not be feasible for all practitioners who assume direct patient care roles by 2020, board certification is available to any pharmacist with the requisite experience.

In a 2008 position statement regarding experiential education, ACCP strongly encouraged pharmacists who supervise student pharmacists and residents during direct patient care experiences to become board certified.⁶ Most recently, in a 2009 paper, ACCP advocated for changes in the framework by which specialty practice areas are recognized and practitioners are certified by BPS.³

In articulating this strong support, ACCP nevertheless acknowledges that board certification is not a substitute for other credentials (e.g., professional degree, licensure, postgraduate training) and does not measure important personal qualities, such as initiative, responsibility, or a caring and collaborative attitude, which are equally important to ensuring that individuals are competent to provide care to patients and to teach students and residents.

The BPS was established in 1976 as an autonomous division of the American Pharmacists

Association (APhA) to recognize pharmacy practitioners with advanced knowledge and specialized training.⁷ Board certification is a well-established credential in medicine. According to the American Board of Medical Specialties (www.abms.org), nearly 85% of United States–licensed physicians are certified by one of their member boards. In pharmacy, board certification is less often obtained; however, the total number of BPS-certified pharmacists has grown steadily during the past 2 decades (www.bpsweb.org).

Board certification has been broadly supported by the profession, and ACCP's position is informed by the work of several other pharmacist practitioner organizations. In 2007, the American Society of Health-System Pharmacists (ASHP) published a paper titled, "ASHP Long-Range Vision for the Pharmacy Work Force in Hospitals and Health Systems."⁸ In this paper, ASHP states that pharmacists who provide services in an area in which specialty certification exists should be expected to become certified in that specialty. Moreover, ASHP's Commission on Credentialing accreditation standards for postgraduate year two residency training programs require residency program directors to achieve and maintain board certification in the specialty area of the program if BPS certification is offered.⁹ At the Pharmacy Practice Model Initiative summit convened by ASHP in November 2010, 82% of participants supported an outcome statement calling for pharmacists who provide drug therapy management to be certified by BPS in the appropriate specialty for their practice setting.¹⁰

Although APhA does not have an explicit position on board certification for pharmacists, it does have a longstanding policy advocating that pharmacists must maintain professional competence throughout their professional careers.¹¹ Their policy also recommends that employers evaluate prospective and current pharmacist employees based on demonstrated competencies and experience, not just education. In a white paper published in the *Journal of the American Pharmacists Association* in 2004, the authors point to the importance of including pharmacists on multidisciplinary teams and the desirability of board certification to enhance and validate the knowledge needed to function in this role.⁷

The need for pharmacy educators to become board certified has also been broadly supported. The American Association of Colleges of Pharmacy (AACP) has issued several statements regarding board certification. In 1997, an AACP task force recommended that the Section of Teachers of

Pharmacy Practice encourage members and departments of pharmacy practice faculty to pursue board certification in pharmacy practice specialty areas.¹² In a 1999 editorial written by the then-chairman of the AACP Council of Deans, it was recommended that all colleges "make clear an expectation that their specialized practitioner faculty seek board certification as a readily identifiable, objective, peer-established credential."¹³ In 2002, the AACP Task Force on the Role of Colleges and Schools in Residency Training recommended that the qualifications of clinical faculty at the time of hire should include 2 years of residency training, 3 years of experience in a progressive clinical practice, or board certification.¹⁴ Congruent with AACP's statements, the Accreditation Council for Pharmacy Education (ACPE) Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree [standard no. 25] state that pharmacy practice faculty should have, or be working toward, credentials (such as specialty certification) relevant to their practice and teaching responsibilities.¹⁵

Finally, important changes now occurring in health care delivery, organization, financing, and quality assurance resulting from the nation's health care reform efforts will require greater understanding by the various stakeholders of the nature, extent, and value of pharmacist specialization in the evolving health care system. For this reason, ACCP supports the public reporting of data concerning the extent and growth of pharmacist specialization, believing that it will contribute in important ways to a better understanding of this increasingly important segment of the pharmacist workforce spectrum.

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