



Expanding the pharmacist's scope of practice at the state level: Support for board certification within the credentialing process

Mary Lee Pharm.D. FCCP | Joseph J. Saseen Pharm.D. FCCP  | Elizabeth Beckman Pharm.D. | Scott Coon Pharm.D. | Michael Gabay Pharm.D.  | Kelsey Japs Pharm.D. | Brendan Mangan Pharm.D. | Sarah McBane Pharm.D. FCCP | Sharon See Pharm.D. FCCP

Correspondence

American College of Clinical Pharmacy
13000 W. 87th St. Parkway, Suite 100
Lenexa, KS 66215-4530
Email: accp@accp.com

Abstract

The practice of pharmacy continues to evolve as more pharmacists complete the education, training, and credentialing necessary to provide direct patient care. Ongoing advocacy of legal and regulatory changes at the state level is essential to support an expanded scope of practice for these qualified pharmacists. Determining the eligibility requirements for pharmacists in advanced practice roles is an important component of this advocacy. Board certification through the Board of Pharmacy Specialties (BPS) is an appropriate qualifying credential. This commentary will overview board certification through BPS, differentiate board certification from a certificate program, and provide examples of state pharmacy practice act language that includes board certification as a qualifying credential. The commentary will include a recommendation and rationale for board certification to be included in state pharmacy practice acts as the credential required for pharmacists to practice in direct patient care roles. This commentary will serve as a resource for advocates working at the state level to revise pharmacy practice acts.

KEYWORDS

board certification, clinical pharmacy, pharmacist scope of practice, pharmacy practice

1 | INTRODUCTION

Ongoing legal and regulatory efforts to adequately define the pharmacist's scope of practice are essential to enable more qualified pharmacists to practice in expanded direct patient care roles. Advocacy at the federal level has focused on enhancing payment reform and promoting practice transformation, including the provision of comprehensive medication management (CMM) by qualified pharmacists. At the state

level, advocacy primarily centers on the pharmacist's scope of practice as defined within pharmacy practice acts. Some individual states have already enacted legislative changes to enable an expanded scope of practice for qualified pharmacists, and other states are embarking on this work. An essential component of these advocacy efforts to expand the pharmacist's scope of practice is determining the appropriate credentials to ensure pharmacist competency in providing direct patient care services. An ideal credential would provide reassurance to the public that a pharmacist has the current knowledge and skills commensurate to practice in an expanded direct patient care role. Board certification through the Board of Pharmacy Specialties (BPS) is one such credential.

Similar to the voluntary board certification process offered through the American Board of Medical Specialties for physicians,

American College of Clinical Pharmacy

This document was prepared by the 2018 ACCP Certification Affairs Committee: Mary Lee, Pharm.D., FCCP, BCPS (Chair); Joseph J. Saseen, Pharm.D., FCCP, BCPS, BCACP (Vice Chair); Elizabeth Beckman, Pharm.D., BCPS, BCPPS; Scott Coon, Pharm.D., BCPS, BCACP; Michael Gabay, Pharm.D., BCPS; Kelsey Japs, Pharm.D., BCPS; Brendan Mangan, Pharm.D.; Sarah McBane, Pharm.D., FCCP, BCPS; and Sharon See, Pharm.D., FCCP, BCPS. Approved by the American College of Clinical Pharmacy Board of Regents on July 18, 2018.

TABLE 1 Summary of experiential requirements, examination content outlines, and number of CE hours required for each specialty area for board certification^a

Specialty (credential designation) and year certification was recognized	Eligibility requirements for board certification examination	Examination content outline	CE hours required for recertification
Ambulatory Care (BCACP) 2009	<ul style="list-style-type: none"> • PGY2 OR • PGY1 + 1 year of practice^b OR • 4 years of practice^b 	<ul style="list-style-type: none"> • Patient-centered care: Ambulatory care pharmacotherapy (37%) • Patient-centered care: Collaboration and patient advocacy (29%) • Translation of evidence into practice (14%) • Practice models and policy (14%) • Population and public health (6%) 	100 ^c
Cardiology (BCCP) 2018	<ul style="list-style-type: none"> • PGY2 OR • PGY1 + 2 years of practice^b OR • 4 years of practice^b 	<ul style="list-style-type: none"> • Patient management and therapeutics (59%) • Information management and education (23%) • Practice development and administration (14%) • Public health and patient advocacy (4%) 	100 ^c
Compounded Sterile Preparations (BCSCP) 2018	<ul style="list-style-type: none"> • 4000 hr of practice^b 	<ul style="list-style-type: none"> • Standards, regulations, and best practices (20%) • Facilities, equipment, and environmental control (20%) • Compounded sterile preparations (25%) • Patient care (15%) • Quality management (20%) 	100 ^c
Critical Care (BCCCP) 2013	<ul style="list-style-type: none"> • PGY2 OR • PGY1 + 2 years of practice^b OR • 4 years of practice^b 	<ul style="list-style-type: none"> • Clinical knowledge and application (65%) • Practice management, policy, and quality improvement (15%) • Evidence-based medicine, scholarship, education, and professional development (20%) 	100 ^c
Geriatric (BCGP) 2017	<ul style="list-style-type: none"> • 2 years of practice^b 	<ul style="list-style-type: none"> • Person-centered care (60%) • General principles of aging (20%) • Population and public health (20%) 	100 ^c
Infectious Diseases (BCIDP) 2018	<ul style="list-style-type: none"> • PGY2 OR • PGY1 + 2 years of practice^b OR • 4 years of practice^b 	<ul style="list-style-type: none"> • Patient management and therapeutics (50%) • Antimicrobial stewardship and practice management (25%) • Education, research, and scholarship (20%) • Public health and patient advocacy (5%) 	100 ^c
Nuclear (BCNP) 1978	<ul style="list-style-type: none"> • 4000 hours of training and/or experience (up to 2000 hours can be earned in the academic setting) 	<ul style="list-style-type: none"> • Preparation, compounding, repackaging, end-product testing, and dispensing (40%) • Procurement, storage, and handling (16%) • Equipment and environmental requirements (16%) • Licensing and occupational safety (16%) • Drug information and professional consultation (12%) 	100 ^c
Nutrition Support (BCNSP) 1988	<ul style="list-style-type: none"> • PGY2 OR • 3 years of practice^b 	<ul style="list-style-type: none"> • Clinical practice: Provision of patient-centered nutrition support tasks (67%) • Practice management and operations (about 26%) • Evidence-based medicine, scholarship, education, and advocacy (7%) 	100 ^c
Oncology (BCOP) 1996	<ul style="list-style-type: none"> • PGY2 OR • PGY1 + 2 years of practice^b OR • 4 years of practice^b 	<ul style="list-style-type: none"> • Therapeutics, patient management, and education (38%) • Pathophysiology and molecular biology of cancer (20%) • Practice management (22%) • Clinical trials and research (14%) • Public health (6%) 	100 ^c
Pediatric (BCPPS) 2013	<ul style="list-style-type: none"> • PGY2 OR • PGY1 + 2 years of practice^b OR OR 	<ul style="list-style-type: none"> • Patient management (58%) • Practice management (20%) • Information management and education (18%) • Public health and advocacy (4%) 	100 ^c

(Continues)

TABLE 1 (Continued)

Specialty (credential designation) and year certification was recognized	Eligibility requirements for board certification examination	Examination content outline	CE hours required for recertification
Pharmacotherapy (BCPS) 1988	<ul style="list-style-type: none"> 4 years of practice^b OR <ul style="list-style-type: none"> PGY1 3 years of practice^b 	<ul style="list-style-type: none"> Patient-centered pharmacotherapy (55%) Drug information and evidence-based medicine (25%) Systems-based standards and population-based pharmacotherapy (20%) 	120 ^c
Psychiatric (BCPP) 1994	<ul style="list-style-type: none"> PGY2 PGY1 + 2 years of practice^b OR <ul style="list-style-type: none"> 4 years of practice^b 	<ul style="list-style-type: none"> Person-centered care (55%) Translation of evidence into practice and education (30%) Health care policy, advocacy, and practice management (15%) 	100 ^c
Solid Organ Transplantation (BCTXP) 2019	<ul style="list-style-type: none"> PGY2 PGY1 + 2 years of practice^b OR <ul style="list-style-type: none"> 4 years of practice^b 	<ul style="list-style-type: none"> Clinical skills and therapeutic management (65%) Administration and practice development (15%) Information management and education (15%) Public health (5%) 	100 ^c

Abbreviations: PGY1, postgraduate year one; PGY2, postgraduate year two.

^aA full list of postlicensure activities that meet the requirements for training and experience can be found at <https://www.bpsweb.org/bps-specialties>.

"Years of practice experience" refers to postlicensure years of practice in a specialty area. For example, for BCACP board certification, the pharmacist must have completed a PGY2 residency in ambulatory care, or must have completed a PGY1 residency and 1 year of practice in an ambulatory care setting in which 50% of the time was spent in ambulatory care pharmacy activities.

^bAs of January 2019, demonstrating eligibility for any BPS certification examination using the practice experience pathway requires an attestation from the pharmacist's employer, on company letterhead, verifying that this experience accurately represents 50% of the time spent in some or all of the activities defined by the applicable certification content outline. In addition, this practice experience must have occurred within the 7 years immediately preceding the application.

^cRecertification may also be accomplished by successfully passing a 100-question examination prepared and validated by BPS.

BPS offers a rigorous certification process for eligible pharmacists who seek to distinguish themselves as specialists for their knowledge and skills in certain areas of pharmacy practice. Board-certified pharmacists are qualified to engage in an expanded scope of practice.¹ This commentary will describe the BPS process for board certification, provide examples of state regulations that include BPS certification as a requirement for pharmacists to have an expanded scope of practice, and describe requirements for pharmacists to provide advanced-level pharmacy services in federal facilities. In addition, the commentary will review evidence of the quality of patient care provided by board-certified pharmacists. Finally, the commentary will share recommendations for specific BPS certifications appropriate to existing or emerging advanced practices. This commentary will be a useful resource for advocates within states (a) revising the pharmacy practice act to expand the scope of practice for pharmacists and (b) determining the essential credentials of pharmacists eligible to provide these expanded patient care services.

2 | BPS PROCESS FOR BOARD CERTIFICATION

Established in 1976, BPS administers the board certification process of recognized specialties in pharmacy practice and is accredited by the National Commission for Certifying Agencies. Currently, 13 specialty board certifications are recognized: ambulatory care, cardiology, compounded sterile preparations, critical care, geriatric, infectious diseases,

nuclear, nutrition support, oncology, pediatric, pharmacotherapy, psychiatric, and solid organ transplantation (first certification examination to be offered fall 2020). As of July 2019, there were more than 42 000 BPS-certified pharmacists, with over 2500 of those holding two or more certifications.^{2,3}

Before taking a board certification examination, pharmacists must satisfy eligibility requirements, which include graduation with a doctor of pharmacy (Pharm.D.) degree from a college or school of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE); attainment of a current and active state pharmacist license; and completion of 1 to 2 years of advanced training during a residency and/or similar experience, with the length of training varying depending on the board certification specialty. Table 1 provides a detailed summary of the 13 specialty board certifications, eligibility requirements for initial board certifications, and requirements for recertification, which must occur every 7 years. BPS board certification in a specialty area "designate[s] to the public that the individual has attained the requisite level of knowledge, skill, and/or experience in a well-defined, often specialized, area of the total discipline."⁴

3 | DISTINGUISHING BETWEEN BPS CERTIFICATION AND A CERTIFICATE PROGRAM

It is important to distinguish between certificate programs and BPS board certification as described in Table 1. As individual

states consider changing their pharmacy practice acts to include an expanded scope of practice for pharmacists, there are many options for credentialing, including completing a certificate program. A certificate program culminates in the issuance of a certificate to designate successful achievement of a predetermined level of performance, usually for a specific task or function (eg, an immunization certificate program). Certificate programs are practice based and include “continuing education designed to allow a pharmacist to systematically acquire specific knowledge, skills, attitudes, and performance behaviors that expand or enhance practice competencies.”⁴ ACPE, which accredits continuing professional development for pharmacists, now calls certificate programs “practice-based CPE [continuing professional education] activities” and requires that they be based on current evidence, include both didactic and practice components, and consist of at least 15 contact hours of credit.⁵ The BPS board certification process includes the key elements of a postlicensure credentialing program: an application process that includes minimum requirements for eligibility, verification of the application against source documents, a process to review and evaluate the application against minimum eligibility requirements, an assessment of knowledge and skills, and a process for ensuring continuing competence.⁴ As such, BPS certification represents a more robust competency level than a certificate program and identifies a pharmacist who can perform advanced practice. Table 2 summarizes the differences between BPS board certification and certificate programs.

In summary, BPS certification designates a pharmacist as a specialist with the knowledge and skills to have an expanded scope of practice, whereas completion of a certificate program typically indicates that a pharmacist has achieved a predetermined level of knowledge in a focused and specific area of practice.

4 | EXAMPLE STATE REGULATIONS WITH EXPANDED SCOPE OF PRACTICE FOR PHARMACISTS

Several states include BPS certification of pharmacists as a criterion for an expanded scope of practice (eg, Maine, Maryland, New York,

North Carolina, among others). Table 3 summarizes examples of state-specific regulatory language relevant to BPS certification. A separate application process is typically required for pharmacists seeking expanded practice roles. Various titles, including pharmacist, advanced practice pharmacist, and clinical pharmacist practitioner, are used to designate pharmacists with expanded scopes of practice. Among states with existing expanded scope of practice opportunities for pharmacists, BPS certification is a common criterion for the designation of advanced practice pharmacist and clinical pharmacist practitioner⁶; however, BPS certification is not an exclusive minimum requirement.

5 | MINIMUM CREDENTIALS FOR PHARMACISTS TO PERFORM AS ADVANCED PHARMACY PRACTICE PROVIDERS IN FEDERAL HEALTH CARE SYSTEM MODELS

In the Veterans Health Administration, scope of practice denotes “authorization to perform as an advanced practice provider, autonomously or collaboratively managing all facets of a patient's disease or condition.”⁷ Veterans Health Administration clinical pharmacists with a scope of practice can perform aspects of CMM including:

- Prescribing medication regimens
- Ordering relevant laboratory and diagnostic tests
- Providing physical examinations
- Making referrals for additional care
- Providing other necessary activities to facilitate patient care

In the past, a clinical pharmacist's scope of practice was determined at the local facility level through the credentialing and privileging process, and authority was granted to an individual clinical pharmacist on the basis of areas of competence.⁷ Although not included as a federal requirement in the Department of Veterans Affairs handbook section on credentialing and privileging (VHA Handbook 1108.11), BPS board certification was routinely included at the local level for credentialing purposes.⁸ In 2010, the Clinical Pharmacy Practice Office within the Veterans Health Administration developed a system-wide standardized process for credentialing clinical

TABLE 2 Distinguishing features of BPS Board Certification vs Certificate Programs

	BPS certification	Exemplar certificate program
What does the credential indicate?	Pharmacist is a specialist in one of 13 specialty areas of practice and has the knowledge and skills to have an expanded scope of practice	Pharmacist has achieved a predetermined level of knowledge or performance in a focus area after successfully completing a training program
Is there an application process that includes minimum requirements for eligibility?	Yes	Varies
Is recertification required to maintain the credential?	Yes, every 7 years	Varies depending on the certificate program
Pharmacist designation	Board certified	Certified

TABLE 3 Samples of state regulatory language regarding board certification^c

State	Summary	For further information
Maine	To enter into a collaborative practice agreement, a pharmacist must: <ul style="list-style-type: none"> • Hold a valid state pharmacist license AND • Have acceptable training, including: <ul style="list-style-type: none"> ◦ BPS certification or completion of an accredited residency program,^a OR ◦ Completion of a Pharm.D. degree from an accredited pharmacy school, 2 years of practice experience, and completion of a CE certificate program of ≥15 hours in each clinical practice area covered by the agreement, OR ◦ Completion of a B.S. degree in pharmacy from an accredited pharmacy school, 3 years of practice experience, and completion of a CE certificate program of ≥15 hours in each clinical practice area covered by the agreement 	Maine Revised Statutes—Ch. 117
Maryland	To enter into a drug therapy management contract, a pharmacist shall: <ul style="list-style-type: none"> • Hold a valid state pharmacist license AND • Possess a Pharm.D. degree^b or equivalent training AND • Complete 1000 hours of relevant clinical experience or 320 hours in a BOP-approved program AND • Document training related to the specified disease AND • Possess relevant advanced training as indicated by one of the following: <ul style="list-style-type: none"> ◦ Certification as a relevant disease specialist through BPS, ASCP, or another BOP-approved credentialing body OR ◦ Successful completion of an accredited or approved residency, a BOP-approved certificate program, an NABP credentialing examination, or a BOP-approved examination 	Code of Maryland Regulations—Drug Therapy Management
Montana	To become a clinical pharmacist practitioner, pharmacists shall: <ul style="list-style-type: none"> • Hold a valid state pharmacist license AND • Complete 5 years of clinical practice experience or a residency and 2 years of clinical practice experience and have one of the following active certifications: <ul style="list-style-type: none"> ◦ BPS certification ◦ Nationally recognized certification in a practice area approved by BOP and BME 	Requirements to Become a Clinical Pharmacist Practitioner Collaborative Practice Agreement Requirements
North Carolina	To become a clinical pharmacist practitioner, a pharmacist must: <ul style="list-style-type: none"> • Hold a valid state license AND • Complete a BPS certification or geriatric certification OR • Complete an ASHP-accredited residency and have 2 years of clinical experience OR • Earn a Pharm.D. degree, have 3 years of experience, and complete a certificate program OR • Earn a B.S. degree in pharmacy, have 5 years of experience, and complete two certificate programs 	North Carolina Board of Pharmacy Rule—Clinical Pharmacist Practitioner Eligibility Requirements

ASCP = American Society of Consultant Pharmacists; ASHP = American Society of Health-System Pharmacists; BME = Board of Medical Examiners; BOP = Board of Pharmacy; BPS = Board of Pharmacy Specialties; B.S. = bachelor of science; CE = continuing education; NABP = National Association of Boards of Pharmacy; Pharm.D. = doctor of pharmacy.

^aIf the residency program completed does not cover the practice area covered by the agreement, a CE certificate program of ≥15 hours in each clinical practice area covered by the agreement must be completed.

^bFor pharmacists who do not have a Pharm.D. degree, documentation of specific training is necessary.

^cPlease note that individual states may have additional requirements such as filing an application, having an existing collaborative practice agreement, payment of fees, and/or the absence of disciplinary actions in the pharmacist's record.

pharmacy specialists who have an advanced scope of practice to provide direct patient care 75% to 85% of the time and to function as advanced practice providers with prescriptive authority. The multistep initial credentialing process starts with an initial readiness evaluation based on the clinical pharmacist's educational or training background and experience. Board certification is one acceptable credential to qualify a pharmacist for initial readiness. This is followed by a professional practice evaluation, which includes a peer review of the medical

records of patients treated by the clinical pharmacist and other types of assessments. Ongoing professional practice evaluations are required, and advanced practice pharmacists must reapply for privileges every 2 years.⁹

The U.S. Public Health Service established a role for pharmacists as primary care providers with prescriptive authority in 1996. An expanded scope of practice for pharmacists is recognized for pharmacists providing intermediate or advanced practice levels of primary

care. Specifically, for intermediate chronic care management, a pharmacist can manage drug therapy for patients with uncomplicated, stable, chronic diseases between physician visits. Pharmacists can adjust drug therapy within defined limits. All controlled substances are refilled in accordance with federal rules and regulations. Advanced-level specially trained pharmacist practitioners in ambulatory care can treat patients who present with common, high-volume, acute and chronic illnesses, using comprehensive interviewing, physical examination, and diagnostic skills. Pharmacist practitioners assume the same level of diagnostic and therapeutic responsibilities as physician assistants and nurse practitioners. To participate in these programs, pharmacists must have a Pharm.D. degree and 1 year of professional pharmacy experience, must be certified as competent to perform these functions by the pharmacy and medical staff, and must fulfill all requirements set forth by the state Boards of Pharmacy.

National Clinical Pharmacy Specialist (NCPS) certification is strongly recommended as a base standard for the local credentialing of pharmacists for the advanced scope of clinical care in disease management within the Indian Health Service/Tribal/Urban Indian Health Program systems.¹⁰ The NCPS certification program was expanded to include the Federal Bureau of Prisons in 2008 and all federal pharmacists providing clinical pharmacy services in 2013. "From its inception, the NCPS certification has recognized pharmacists who have the authority to prescribe medications, order and interpret laboratory tests, and perform limited physical assessment" with the goal of having NCPS pharmacists provide CMM and disease management services.¹¹ To qualify for NCPS certification, pharmacists must have an active pharmacist license; evidence of 2 years at any public health facility, 1 year of which they practiced as a pharmacist practitioner; evidence of 15 hours of clinically pertinent continuing education from the previous year; postgraduation documentation of a residency certificate and/or specialty board certification (eg, BPS certification) and/or a disease management certificate relevant to the area in which applicants have the authority to practice; and completion of certificate training for immunization and tobacco cessation, as approved by NCPS.

6 | QUALITY MEASURES OF THE VALUE OF PATIENT CARE PROVIDED BY BOARD-CERTIFIED PHARMACISTS

A review of the PubMed literature (1990 to present) identified only one study that measured patient outcomes as a result of care provided by board-certified pharmacists.¹² In a multicenter, retrospective, cross-sectional, matched case-control study, 34 hospitals, each with at least one BCPS-credentialed pharmacist with Added Qualifications in Cardiology, were matched with 102 hospitals with no BCPS-credentialed pharmacists. The outcomes measures included 30-day readmission rate, 30-day mortality rate, and process-of-care measures for medications related to managing acute myocardial infarction (ie, aspirin on arrival, aspirin at discharge, β -blocker at discharge, and angiotensin-converting enzyme

inhibitor or angiotensin II receptor blocker at discharge) in patients with left ventricular systolic dysfunction. Although the hospital groups did not differ with respect to readmission or mortality rates, hospitals with at least one BCPS-credentialed pharmacist with Added Qualifications performed better on process-of-care measures than did hospitals with no BCPS-credentialed pharmacists (odds ratio 1.41; 95% confidence interval, 1.25-1.58; $P < .0001$).

The scarcity of such literature is not unique to pharmacy. The same phenomenon has been reported for board certification for physicians. Several postulated reasons for this include the absence of evidence-based guidelines in various specialty areas, low patient sample sizes to allow for valid measurement, and difficulties in conducting such studies.¹³

7 | RECOMMENDATIONS

- Any pharmacist who is currently board certified through BPS is qualified to provide advanced practice in his or her area of specialization.
- Board certification through BPS is the most appropriate credential to ensure pharmacist competence in providing direct patient care.
- Employers should exercise careful consideration to ensure that a pharmacist's specific BPS certification aligns with the advanced practice activity. For example, a BCACP credential aligns with clinical practice in a primary care clinic, and a BCCCP credential aligns with clinical practice in an intensive care unit.
- Pharmacists with an expanded scope of practice who provide direct patient care should attain and maintain board certification through BPS in the specialty most appropriate to their practice.¹⁴
- For pharmacists practicing in a specialty area not currently recognized by BPS, documentation of the expected eligibility criteria that is consistent with the current BPS criteria for that specialty should be applied until the specialty is formally recognized and a specialty examination is made available.

These recommendations are based on and consistent with:

- ACCP's expectations for direct patient care. ACCP defines direct patient care as "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."¹⁵ Specifically, direct patient care requires a pharmacist to provide CMM, establish a formal professional relationship with prescribers, and deliver a consistent process of care. ACCP's position is that pharmacists who provide direct patient care must be licensed, must have completed an accredited residency program or have equivalent postlicensure experience, and have board certification through BPS.¹⁶

- Board certification as a credential is recognized as an indicator of quality among health care professionals who provide direct patient care.¹⁷
- The BPS process of certification and recertification of pharmacists parallels the board certification credentialing process for physicians. A board certification credential through BPS indicates that “a practitioner has completed adequate training and retains requisite knowledge as indicated by successfully passing an examination” of highly specialized knowledge at a predefined level that has been rigorously validated.¹⁷
- The vision of the Joint Commission of Pharmacy Practitioners (JCPP) includes clinical pharmacy practitioners providing advanced practice (patient care services) to ensure optimal medication therapy outcomes.¹⁸ JCPP is composed of representatives from 13 organizations: Academy of Managed Care Pharmacy, American Association of Colleges of Pharmacy, ACPE, American College of Apothecaries, ACCP, American Pharmacists Association, American Society of Consultant Pharmacists, ASHP, College of Psychiatric & Neurologic Pharmacists, Hematology/Oncology Pharmacy Association, National Association of Boards of Pharmacy, National Alliance of State Pharmacy Associations, and National Community Pharmacists Association.
- ASHP accreditation standards for postgraduate year two (PGY2) residency programs require program directors to be board certified in the relevant practice specialty. This is also expected of residency graduates as a marker of program quality. The PGY2 pharmacy residency standards stipulate that program directors must be licensed pharmacists, must have completed an ASHP-accredited PGY2 residency in the appropriate area of advanced practice followed by at least 3 years of practice experience, and be board certified in their area of practice when board certification is available.¹⁹ Furthermore, “residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in the specialized practice area (when board certification for the practice area exists).”¹⁹
- ASHP has taken the position that medication use in hospitals and health care systems is complex and influenced by advances in diagnostic and treatment modalities. Many of these patients require highly specialized medication management. For pharmacists who practice in such settings, pharmacist licensure must be augmented with specialized residency training. Specialty certification, including BPS board certification, is an expected credential for such pharmacists.²⁰

8 | CONCLUSION

As state boards of pharmacy revise pharmacy practice acts to expand the pharmacist's scope of practice, defining clear requirements for pharmacist qualifications is imperative. Board certification by BPS is an appropriate credential to require for pharmacists to practice in advanced patient care roles.

CONFLICT OF INTEREST

Joseph Saseen is a member of the Specialty Council on Cardiology Pharmacy for the Board of Pharmacy Specialties. Elizabeth Beckman is a member of the Specialty Council on Pediatric Pharmacy for the Board of Pharmacy Specialties. Michael Gabay is a member of the Specialty Council on Pediatric Pharmacy for the Board of Pharmacy Specialties.

ORCID

Joseph J. Saseen  <https://orcid.org/0000-0003-0341-5140>

Michael Gabay  <https://orcid.org/0000-0002-8864-0146>

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