

NEWS

From the Desk of the ACCP President

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Jill M. Kolesar, Pharm.D., M.S., FCCP, BCPS**Specialty Certification and Residency Training Are Minimum Standards for Providing Direct Patient Care***Jill M. Kolesar, Pharm.D., M.S., FCCP, BCPS*

The Board of Pharmacy Specialties (BPS), established in 1976, approved the first pharmacy specialty, Nuclear Pharmacy, in 1978. This was followed by Nutrition Support and Pharmacotherapy in 1988, and as of January 2018, there are nine different specialties with 36,460 board-certified pharmacists in the United States. Compared with only 8000 board-certified pharmacists in 2007, this represents a 356% increase in board certification in just 10 years. With an estimated 300,000 pharmacists currently in the workforce, more than 10% of all U.S. pharmacists are now board certified.

Motivations for gaining board certification vary. Many pharmacists pursue board certification independently - those interested in expanding their professional impact seek a credential that allows them to contribute to patient care and the confidence to do it well. Environmental forces, including the expanding scope of pharmacist practice, increasing complexity of medication regimens, and relative surplus of pharmacists and external payer requirements, also explain the dramatic increase in the pursuit of board certification.

Moreover, employer credentialing requirements appear to be increasing, providing another strong incentive for pharmacists to gain board certification. Employers are driven by a desire to hire the most qualified and motivated applicants, and board certification is a clear indicator of both characteristics. Some organizations have responded to the proliferation of limited distribution of medications that require "top-of-the-license" services from pharmacists, and many seek candidates who can improve patient outcomes and help meet quality requirements that drive performance-based reimbursement.

Board certification is a measurable quality standard that can be used to differentiate both applicants and organizations. In addition, because completing a PGY1 residency is a requirement for board certification in pharmacotherapy and completing a relevant PGY2 specialty residency is a requirement for other specialty certifications, requiring board certification is an effective way for employers to ensure their pharmacists are residency trained or hold reasonable levels of clinical experience.

One large academic medical center, UW Health at the University of Wisconsin, recently mandated board certification for all pharmacists providing direct patient care, using the rationale that certification will virtually eliminate low-intensity continuing education pursuits and satisfy external contractual obligations that require board certification for pharmacists practicing in ambulatory oncology and some specialty pharmacy settings.¹ UW Health now requires BPS certification for all pharmacists who provide direct patient care because board certification is the credential most widely recognized by

payers, patients, and other health care professionals - as well as the most rigorous. The leaders at UW Health also removed several barriers to certification for their pharmacists by providing payment of certification fees, organizing study groups, making available support for live preparatory courses, and allowing reasonable time frames for gaining certification.

The American College of Clinical Pharmacy endorsed board certification requirements for pharmacists providing direct patient care in 2006, following up with additional commentary on the need for both board certification and residency training in 2013. The College applauds employers who encourage board certification for their pharmacists. As a long-time supporter of board certification, ACCP offers several options for board certification and recertification preparation. Live and online preparatory courses and recertification options are available for Ambulatory Care Pharmacy, Critical Care Pharmacy, Oncology Pharmacy, Pediatric Pharmacy, and Pharmacotherapy. In addition, ACCP offers preparatory courses for the newest specialties, Infectious Diseases Pharmacy and Cardiology Pharmacy, and plans to offer recertification programs for both of these specialties once BPS launches the program approval process for recertification in these topics. Finally, ACCP and ASHP are serving as co-petitioners for recognition of Solid Organ Transplantation Pharmacy as a specialty. This petition is expected to be submitted to BPS within the next month.

If rising rates of board certification signal the maturation of a discipline's clinical capabilities, one can conclude that the pharmacy profession must be nearing that stage!

Reference

1. Hager DR, Hartkopf KJ, Koth SM, et al. Creation of a certification requirement for pharmacists in direct patient care roles. *Am J Health Syst Pharm* 2017;74:1584-9.