

BOARD OF PHARMACY SPECIALTIES

WHITE PAPER

Five-Year Vision for Pharmacy Specialties

Approved by the BPS Board of Directors on January 12, 2013

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Introduction

The Joint Commission of Pharmacy Practitioners' (JCPP) Future Vision of Pharmacy Practice 2015 states, "Pharmacists will be the healthcare professionals responsible for providing patient care that ensures optimal medication therapy outcomes." ⁱ As the scope of pharmacy practice evolves to meet the complex medication-related needs of patients, board certification is critical to assure stakeholders of the level of knowledge and skills of pharmacists who provide direct patient care. The Board of Pharmacy Specialties (BPS) acknowledges the support and collaboration of many national pharmacy organizations in this pursuit and assumes the responsibility for recognition of pharmacy specialization through board certification. ^{ii,iii,iv} In assuming this responsibility, BPS also acknowledges the pharmacist's role in direct patient care as it continues to evolve against a backdrop of many unknowns such as changing health care delivery systems and payment models in which the role of government and the private sector are in a state of flux. Whatever changes come to fruition in the delivery of health care, BPS must move forward in a flexible manner that meets its mission to improve patient care by promoting the recognition and value of specialized training, knowledge, and skills in pharmacy and specialty board certification of pharmacists. ^v

This white paper adds focus and clarity to how BPS will approach the board certification of pharmacist specialists over the next five years. This timeline is critical as the goal will be to create a scalable foundation on which to build future board certification activities for pharmacists.

Vision

By 2017 BPS envisions the following:

- The number of Board Certified Pharmacists will significantly increase to facilitate progress towards a future model where board certification will be the expectation for pharmacists engaged in direct patient care.
- BPS will recognize new pharmacy specialties and/or subspecialties in areas that are consistent with, but not limited to, the growth of accredited postgraduate year 2 (PGY2) residency programs. In addition, BPS will evaluate the current specialty recognition structure and process and consider potential modifications.
- BPS will routinely gather and publish statistics on the number of Board Certified Pharmacists and will facilitate research related to the value of BPS board certification. Board Certified Pharmacists will be recognized, valued and compensated within healthcare delivery systems worldwide for their contributions to direct patient care.
- BPS will continually assess its model for recertification based on the principles of continuing professional development that ensure current knowledge consistent with the scope of the specialty.

Achieving the 2017 vision must occur in a way that accommodates and encourages the evolutionary growth of pharmacist board certification through flexibility and efficiency for all stakeholders. However, remaining steadfast to the rigor and quality of the BPS process and the accreditation standards established by the National Commission for Certifying Agencies will be essential. ^{vi}

BPS further believes that the future growth of pharmacist board certification should progress in a manner consistent with the Council on Credentialing in Pharmacy Framework for Credentialing in Pharmacy Practice (Figures 1 and 2), which illustrates the continuum of a pharmacist’s career from professional education to board certification. BPS supports this framework as particularly valuable because the role of the pharmacist is continuing to evolve and this model accommodates that evolution.

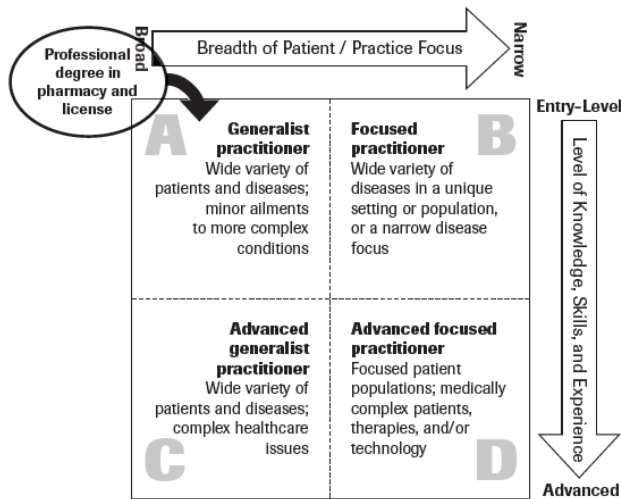


Figure 1: Practitioners in Direct Patient Care

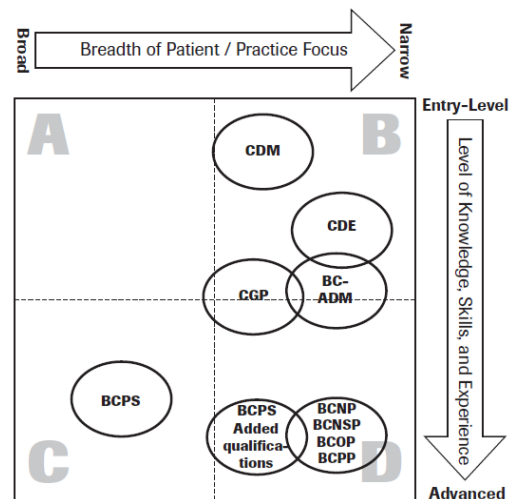


Figure 2: Post-licensure certification relative to pharmacy practice focus

LEGEND: BCADM = Board Certified–Advanced Diabetes Management, BCNP = Board Certified Nuclear Pharmacist, BCNSP = Board Certified Nutrition Support Pharmacist, BCOP = Board Certified Oncology Pharmacist, BCPP = Board Certified Psychiatric Pharmacist, BCPS = Board Certified Pharmacotherapy Specialist, CDE = Certified Diabetes Educator, CDM = Certified Disease Manager, CGP = Certified Geriatric Pharmacist

Figure 1 identifies different practice areas for pharmacists, with quadrants A through D illustrating different pharmacist’s scope of practice. The horizontal or x-axis shows how the pharmacists’ practice range from broad to very narrow. The vertical or y-axis illustrates the level of knowledge, skills, and experience. Figure 2 overlays these quadrants with various credentials for pharmacists practicing in the cited quadrants. BPS believes that its current mission is to enable board certification for pharmacists practicing in quadrants C and D shown in Figure 2.ⁱⁱ Although the credential for Board Certified Ambulatory Care Pharmacist (BCACP) was not available at the time the Commission on Credentialing created this framework, it should be placed in quadrant D.

Growth in the Number of Board Certified Pharmacists

National pharmacy organizations have articulated a position that clinical pharmacy practitioners and pharmacists practicing in specialty areas recognized by the profession should become board certified.^{vii, viii}

In addition, clinical faculty at schools and colleges of pharmacy should be BPS board certified or working toward board certification in order to meet the needs of their patients and properly prepare future pharmacists.^{ix} To reach this envisioned future, the number of Board Certified Pharmacists will need to increase, and BPS has set a goal that 30,000 pharmacists will hold BPS board certification by 2017. Reaching the 2017 goal will facilitate progress to a point at which

BPS certification will be the preferred credential for all pharmacists who directly provide care for patients with complex drug therapy needs.

Accessibility and Eligibility

In order to grow the number of Board Certified Pharmacists, BPS will work to increase the accessibility of the examinations. Applicant numbers have increased to a point at which the examination administration must be offered more frequently than one day each year. BPS will move towards establishing two testing windows, one in the spring and one in the fall, during which the examination will be offered over multiple days within a designated time frame. In addition, the number of examination locations will be expanded.

The current BPS eligibility process includes two paths: one path recognizes years of experience in a specialty practice area gained without residency training and the other path recognizes the training and experience gained through accredited PGY1 and PGY2 residencies. The fastest path to board eligibility is granted to those who have completed an accredited residency program. BPS believes those who have completed an accredited residency program are ideal candidates for board certification. Despite the current shortage of PGY1 residency positions compared with the number of PGY1 residency applicants and the relatively recent growth of PGY2 programs, BPS supports the current eligibility criteria, as recommended by specialty councils, for the foreseeable future. It is important that alternate paths to board eligibility be available for pharmacists with additional significant experience in the respective specialty area in lieu of completing an accredited residency program.

Infrastructure

In order to address the current and future needs of Board Certified Pharmacists, the administrative infrastructure of the organization will be enhanced. Primary activities include the following:

- Strengthening the BPS website and data analysis capabilities
- Migrating all BPS examinations to a computer-based testing (CBT) platform with semi-annual exam administration
- Ongoing analysis of the quality of exam offerings and capability demonstrated by those taking the exams
- Increasing staffing to manage growth

International Activities

In 2011, the International Pharmaceutical Federation (FIP) and the World Health Organization (WHO) jointly adopted revised guidelines for good pharmaceutical practice. The guidelines define good pharmacy practice as "the practice of pharmacy that responds to the needs of the people who use the pharmacists' services to provide optimal, evidence-based care. To support this practice it is essential that there be an established national framework of quality standards and guidelines." × The need for pharmacists to provide direct patient care services is truly global, and BPS will create a taskforce to review the process to assist pharmacists outside the United States in meeting the needs of their patients through BPS board certification.

BPS Will Recognize New Pharmacy Specialties

Specialty Recognition Process

In 2010, BPS adopted a proactive approach to exploring new specialties by conducting a number of role delineation studies in potential specialty areas. This effort led to evaluating possible specialties in pain and palliative care, pediatrics, critical care, cardiology and infectious diseases. The exploration of five new specialties in the past two years should be

interpreted as a clear sign that BPS will be proactive on this front even while larger questions regarding the future of healthcare delivery are being discussed.^{xi, xii}

During strategic planning in 2011 and 2012, the BPS Board of Directors examined the process to approve new pharmacy specialties. Following this evaluation, BPS made changes to streamline the review process but more importantly reaffirmed the seven criteria that must be addressed for a proposed area of pharmacy practice to be recognized as a specialty.^{xiii} These criteria are as follows:

NEED. Specialization should address public health and/or patient care needs which are not being supplied currently and that pharmacists in the proposed specialty could meet.

DEMAND. BPS describes “demand” as a willingness and ability of stakeholders and other entities to pay for the services of a Board Certified Pharmacist in the proposed specialty.

NUMBER and TIME. A reasonable number of practitioners should be devoting most of the time in the practice of the specialty area to make the certification process economically justifiable for the public and the profession.

SPECIALIZED KNOWLEDGE. This criterion calls for specialized knowledge, beyond the knowledge base of the doctor of pharmacy degree, of one or more of the pharmaceutical sciences and the biological, physical, behavioral, and administrative sciences which underlie them.

SPECIALIZED FUNCTIONS. Specialization refers to an identifiable field of pharmacy practice that requires specialized functioning and is distinct from other BPS-recognized pharmacy specialties.

EDUCATION and/or TRAINING. Schools and colleges of pharmacy and/or other organizations must offer recognized education and training programs to those seeking advanced knowledge and skills in the area of specialty practice.

TRANSMISSION OF KNOWLEDGE. There must be an adequate transmission of specialized knowledge through professional, scientific, and technical literature directly related to the specialty area.

Beyond the Current Role Delineation Studies

Any new specialties would need to meet the seven aforementioned criteria. However, especially important is documentation of an accepted, widely disseminated, well-structured process for specialty training that goes beyond the doctor of pharmacy program and is the basis for the growth and proliferation of the specialty area. BPS believes this process is best demonstrated through the American Society of Health-System Pharmacists (ASHP) Accreditation Standard for PGY2 Pharmacy Residency Programs and that consideration of new pharmacy specialties should be generally consistent with, but not exclusive to, the evolution of ASHP-accredited PGY2 programs. Recognition of ASHP as the accrediting agency for pharmacy residencies is well accepted within the profession, and has been recognized by CMS.^{xiv} This recognition by the profession and CMS, as well as the documented structure and oversight provided by the ASHP Commission on Credentialing, addresses a number of the criteria for specialty recognition used by BPS in determining new specialties.

During an unpublished strategic planning survey of all Board Certified Pharmacists in 2011, more than 50% indicated that the number of specialties should increase. Table 1 summarizes the responses to the question of expansion of BPS specialties.

Table 1. Do you support increasing the number of BPS specialties over the next five years?

	N	%
Yes, the number of BPS specialties should increase	2186	54.9%
No, the current number of specialties is sufficient	658	16.5%
Not sure	1136	28.5%

Furthermore, these survey data support actions taken by BPS to conduct role delineation studies in additional specialty areas.

Future Pharmacy Board Certification Models

BPS believes one practical difference between the roles of physicians and pharmacist specialists is the broad-based expertise of pharmacists in evaluating and managing a wide range of medication-related issues that span a number of patient-specific conditions. Board Certified Pharmacists utilize this broad knowledge of therapeutics to assist patients and prescribers in addressing issues that may be outside their immediate specialty area. For example, the Board Certified Psychiatric Pharmacist may, when providing direct patient care, resolve a medication issue related to a chronic disease that is not a psychiatric disease, such as asthma, that ultimately affects not only the psychological well-being of the patient but the entire patient.

BPS believes that the unique value of Board Certified Pharmacists is their in-depth understanding of all medications. Hence, BPS feels that the profession should consider evolving the board certification process to include a series of primary certifications in multiple areas. The recognition of primary board certifications would facilitate the development of pharmacy subspecialties in the future as need and demand arise. These yet-to-be-defined primary certifications would accomplish two important goals:

- Ensure that core competencies needed by the Board Certified Pharmacist are included
- Demonstrate a broad range of knowledge and experience

The possible BPS subspecialty model could draw on the process currently in place with the American Board of Medical Specialties (ABMS). ABMS recognizes 24 member boards, and to become certified in a particular subspecialty, a physician must be board certified by one of the 24 boards. An example is pediatrics, in which to become certified in a particular subspecialty, a physician must be board certified by the American Board of Pediatrics (ABP) and complete additional training as specified by ABP. Once primary board certification is granted by ABP, pediatricians can earn subspecialty recognition in areas such as neurodevelopmental disabilities, pediatric cardiology, and pediatric critical care medicine.^{xv}

From the primary board certifications, BPS could recognize sub-specialties within the primary pharmacy specialty. The development of a subspecialty recognition process would create efficiencies for smaller but important areas of practice, as well as create flexibility for pharmacists to earn and maintain a credential that is more focused on their daily practice (i.e., the Board Certified Oncology Pharmacist could earn subspecialty recognition in the area of bone marrow transplantation). If fully developed, a pharmacy board certification subspecialty framework would require a primary board certification and then application to the sub-specialty area that would have its own unique eligibility requirements, examination, and recertification criteria. However, eligibility, examination and recertification criteria for a

subspecialty area would be consistent with the requirements already in place for the primary board certification. It is envisioned that a subspecialty recognition process could replace the current BPS Added Qualifications program.

BPS will need to carefully consider this potential sub-specialty framework with stakeholders both within and outside the profession to evolve the future structure of BPS. BPS would remain committed to being proactive in evaluating pharmacy specialties within the current system while considering this potential framework because many of the currently recognized specialties could be considered as primary board certifications.

BPS Will Routinely Gather and Publish Statistics on the Number of Board Certified Pharmacists

Measurement and Reporting

BPS is committed to monitoring and reporting the growth of board certification and the number of Board Certified Pharmacists in multiple practice settings including academia.

The value of pharmacist board certification is generally well accepted. The 2011 survey of Board Certified Pharmacists revealed that 96% of respondents felt that board certification was valuable to them. The six most important benefits cited by respondents are listed in Table 2:

Table 2. The most important benefits you have received from obtaining BPS specialty certification	N	%	Rank
Fulfilled my employer’s expectations of me	1,033	24%	6
Expanded my knowledge and skills	2,639	63%	2
Increased my clinical confidence	1,528	36%	4
Gained personal satisfaction by accomplishing something professionally important to me	3,135	74%	1
Demonstrated to my organization that I am committed to my profession	1,162	28%	5
Attained greater credibility as a professional	1,661	39%	3

However, the survey also identified that additional data are needed to increase the value of board certification and to expand acceptance of this credential by regulatory agencies, payers and employers. BPS acknowledges a need to work with professional pharmacy organizations to increase reimbursement opportunities for the services offered by Board Certified Pharmacists. In addition, Table 3 illustrates that efforts are needed to raise the awareness and promote the value of BPS board certification to employers and the public.

Table 3.
How could BPS make your specialty certification more valuable to you? (Select all that apply.)

	N	%
Work to increase public awareness of pharmacy specialties	2,202	52%

Make a greater effort to promote the value of the certification to employers	2,426	57%
Provide opportunities for BPS certified individuals to network at meetings	592	14%
Provide opportunities for BPS certified individuals to network on line	671	16%
Provide more logo products (pens, mugs, etc.) for those certified	384	9%
Provide descriptions of various career paths	681	16%
Have a “positions open” section on the website	1,253	30%
Conduct research to determine whether professionals who have a specialty certification provide greater value to employers and consumers	1,805	43%
Support pharmacy organizations' efforts to increase reimbursement for clinical services offered by BPS	2,622	62%
Nothing	203	5%
Other (please specify)	266	6%

In May 2012, the BPS Board of Directors voted to actively pursue partnerships with interested pharmacy organizations to further explore data analysis and expand efforts to promote the value of board certification to all stakeholders. In addition, BPS created the position of Director, Professional Affairs to address issues related to measurement and reporting.

BPS Will Continually Assess Its Model for Recertification

Recertification and Continuing Professional Development

As the number of Board Certified Pharmacists continues to grow, the recertification process will increase in importance to ensure that the knowledge, skills, and eligibility criteria of the Board Certified Pharmacist are sufficient to practice in the specialty area of practice. Through the 2011 BPS strategic planning survey, 86% of Board Certified Pharmacists responding felt that the current recertification program for their specialty ensures continuing competence. However, 97% of respondents felt that a variety of modalities for delivering continuing education and professional development should be available, with 54% stating that BPS should consider modification of the recertification program. As BPS examines recertification, it believes that the process will need to possess the following characteristics:

- It must be efficient.
- It must be relevant to specialty practice.
- It must include a combination of learning activities.
- It must maintain and improve specialty knowledge, clinical judgment, professionalism, and patient interactions.

This process should be built on the tenets of continuing professional development for health care providers that promote career-long learning. BPS also recognizes that the certification process should evolve to measure areas such as attitudes towards patients and professional beliefs, either through defensible examination techniques in the certification and recertification examination and/or through the continuing professional development/recertification process.

BPS is committed to working with current professional development providers, Board Certified Pharmacists and content experts to evaluate the current process and develop a comprehensive plan that will serve the needs of Board Certified Pharmacists and those who utilize and pay for their services.

Conclusion

Demonstration of knowledge, skills, and attitudes through BPS certification will facilitate, not hinder, the direct patient care roles of pharmacists because it is a consistent, measureable, and scalable process. As the delivery of health care becomes more sophisticated and complex, health care providers and the health systems they work in will be asked to become even more accountable for the quality of care they deliver. Board certification of pharmacists provides stakeholders with a standardized method to feel confident in the knowledge and skills of the pharmacists who possess this credential. BPS envisions new specialties, and possibly subspecialties, as being driven by a combination of forces both within and outside of the profession; however, BPS feels strongly that dialogue within the profession of pharmacy is critical for meeting the needs of patients through the board certification process.

BPS remains steadfast in its determination to uphold the rigorous standards that have been part of the board certification process since its inception in 1976. A commitment to these standards is critical for each BPS specialty so that it can be recognized by all external stakeholders. More important, the rigorous standards of board certification in pharmacy are meant to improve the quality of care individual patients receive, to promote positive treatment outcomes, and ultimately to improve the patient's quality of life. Specialty certification is a responsible, progressive initiative from the profession to ensure the best possible patient care. BPS is committed to serving the public interest by maintaining and evolving a pharmacy specialist certification process to help ensure optimal medication outcomes for all patients who receive services.

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