

## State Credentialing Requirements for Expanding Pharmacists’ Scope of Practice

### Purpose

This issue brief differentiates board certification of pharmacist specialists by the Board of Pharmacy Specialties (BPS) from a pharmacist’s completion of a certificate program and summarizes the current state regulations that include board certification as a criterion for a pharmacist’s expanded scope of practice. This information may be useful for states that are (1) revising their pharmacy practice acts to expand the scope of practice for pharmacists and (2) determining the essential credentials of pharmacists eligible to provide expanded patient care services.

### Background

The practice of pharmacy is undergoing substantial change as pharmacists have become increasingly engaged in direct patient care<sup>†</sup> and been recognized as

essential members of health care teams. This change has prompted efforts to achieve “provider status” at the federal level as well as payment for the provision of comprehensive medication management<sup>‡</sup> by qualified individuals. In addition, some states have implemented changes to their pharmacy practice acts to enable an expanded scope of practice for qualified pharmacists. A vital component in this process are the requirements for appropriate credentials to ensure that pharmacists are capable of providing these expanded services. Board certification through BPS is one such credential. BPS oversees the board certification process for recognized specialties in pharmacy practice and is accredited by the National Commission for Certifying Agencies (NCCA). Similar to the voluntary board certification process through the American Board of Medical Specialties for physicians, BPS employs a rigorous certification process for eligible pharmacists who seek to distinguish themselves as specialists in defined areas of practice.

<sup>†</sup>**Direct patient care** includes direct observation and evaluation of the patient and his or her medication-related needs; initiation, modification, or discontinuation of patient-specific medication therapy; and ongoing medication therapy monitoring and follow-up of patients in collaboration with other health professionals. Direct patient care requires a pharmacist to provide comprehensive medication management, establish a formal professional relationship with prescribers, and deliver a consistent process of care.

<sup>‡</sup>**Comprehensive medication management (CMM)** is defined as the standard of care that ensures each patient’s medications (i.e., prescription, nonprescription, alternative, traditional, vitamins, or nutritional supplements) are individually assessed to determine that each medication is appropriate for the patient, effective for the medical condition, safe given the patient’s comorbidities and other medications being taken, and able to be taken by the patient as intended. CMM includes an individualized care plan that achieves the intended goals of therapy with appropriate follow-up to determine actual patient outcomes. This all occurs because the patient understands, agrees with, and actively participates in the treatment regimen, thus optimizing each patient’s medication experience and clinical outcomes.

Board-certified pharmacists are therefore recognized in some states as being qualified to engage in an expanded scope of practice.<sup>1</sup>

### Distinguishing BPS Board Certification from Completion of a Certificate Program

A certificate program is typically “a practice-based continuing education program which is designed to allow a pharmacist to systematically acquire specific knowledge, skills, attitudes, or performance behaviors that expand or enhance practice competencies usually for a specific task or function”<sup>2</sup> (e.g., an immunization certificate program). The Accreditation Council for Pharmacy Education (ACPE), which accredits certificate programs – now officially termed practice-based CPE [continuing pharmacy education] activities – defines a certificate program as a “structured, systematic postgraduate continuing education experience that is smaller in magnitude and shorter than an academic degree program and that imparts knowledge, skills, attitudes, and performance behaviors to meet a specific pharmacy practice objective.”<sup>3,4</sup> Certificate programs should be differentiated from BPS board certification (see Table 1).

The BPS board certification process includes the key elements of an accredited post-licensure credentialing program: an application process that includes minimum requirements for eligibility, verification of the application against source documents, a process for reviewing and evaluating the application against minimum eligibility requirements, an assessment of knowledge and skills, and a process for ensuring continuing competence.<sup>2</sup> As such, BPS board certification represents a more robust and standardized validation of competency for pharmacists engaged in an expanded practice.

As individual states consider changes to their practice acts that include an expanded scope of practice for pharmacists, multiple options for credentialing may be considered, including completion of a certificate program. BPS board certification serves as a standard in this respect, as it recognizes a pharmacist as a specialist who has the knowledge and skills required for 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 narrower and more restricted area of practice.

### Existing State Regulations with an Expanded Scope of Practice for Pharmacists

Currently, six states (California, Maine, Maryland, Montana, New York, and North Carolina) and the District of Columbia include BPS certification as criterion for an expanded scope of practice (see Table 2). Review of the regulatory language from these states reveals that various titles are used to designate pharmacists with an expanded scope of practice, including pharmacists, advanced practice pharmacists, and clinical pharmacist practitioners. In addition, in states with an advanced practice pharmacist or a clinical pharmacist practitioner designation, BPS board certification is one of several qualifying credentials.<sup>5</sup> These states require submission of a separate application for pursuit of an expanded scope of practice, which is typically further defined in a collaborative practice agreement (i.e., “a formal agreement in which a licensed provider makes a diagnosis, supervises patient care, and refers patients to a pharmacist under a protocol that allows the pharmacist to perform specific patient care functions”).<sup>6</sup>

**Table 1.** Differentiating BPS Board Certification from a Certificate Program

	BPS Board Certification	Certificate Program
Program accreditor	NCCA	ACPE
What does the credential indicate?	Pharmacist is a specialist in 1 or more of 12 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 focused area of practice after successfully completing a training program
Is there an application process that includes minimum requirements for eligibility?	Yes	Variable
Is recertification required to maintain the credential?	Yes, every 7 yr	Variable, depending on the certificate program
Designation or recognition	Board certified	Awarded a certificate of completion

**Table 2.** Summary of State-Specific Regulatory Language Regarding Board Certification as a Criterion for a Pharmacist's Expanded Scope of Practice\*

State	Regulatory Language
California	To be an advanced practice pharmacist, a pharmacist must satisfy at least two of the following three criteria: <ul style="list-style-type: none"> <li>• Certification in a relevant practice area from an organization recognized by ACPE or by the BOP</li> <li>• Completion of an accredited postgraduate residency where ≥ 50% of the experience involves direct patient care with interdisciplinary teams</li> <li>• Provision of clinical services to patients for ≥ 1 yr under a collaborative practice agreement</li> </ul>
District of Columbia	To participate in a collaborative practice agreement, a pharmacist shall: <ul style="list-style-type: none"> <li>• Possess relevant advanced training as indicated by one of the following: <ul style="list-style-type: none"> <li>◦ Certification as a specialist by: BPS, the Commission for Certification in Geriatric Pharmacy, or another credentialing body approved by the BOP; or</li> <li>◦ Successful completion of an ASHP-accredited residency, a body approved by the BOP or offered by a body accredited by the ACPE; or</li> <li>◦ Successful completion of a certificate program approved by the BOP; and</li> </ul> </li> <li>• Have successfully completed: <ul style="list-style-type: none"> <li>◦ A minimum of three (3) yr of relevant clinical experience, if the pharmacist holds an academic degree of Pharm.D.; or</li> <li>◦ A minimum of five (5) yr of relevant clinical experience, if the pharmacist holds an academic degree of B.S. in pharmacy; and</li> </ul> </li> <li>• Have documented training related to the area of practice covered by the collaborative practice agreement</li> </ul>
Maine	To enter into a collaborative practice agreement, a pharmacist must: <ul style="list-style-type: none"> <li>• Hold a valid state pharmacist license AND</li> <li>• Have acceptable training, which can mean: <ul style="list-style-type: none"> <li>◦ BPS certification or completion of an accredited residency program<sup>a</sup></li> <li>◦ Completion of a Pharm.D. degree from an accredited pharmacy school, 2 yr of practice experience, and completion of a CE certificate program of ≥ 15 hr in each clinical practice area covered by the agreement</li> <li>◦ Completion of a B.S. degree in pharmacy from an accredited pharmacy school, 3 yr of practice experience, and completion of a CE certificate program of ≥ 15 hr in each clinical practice area covered by the agreement</li> </ul> </li> </ul>
Maryland	To enter into a drug therapy management contract, a pharmacist shall: <ul style="list-style-type: none"> <li>• Hold a valid state pharmacist license AND</li> <li>• Possess a Pharm.D. degree<sup>b</sup> or equivalent training AND</li> <li>• Complete 1000 hr of relevant clinical experience or 320 hr in a BOP-approved program AND</li> <li>• Document training related to the specified disease state AND</li> <li>• Possess relevant advanced training as indicated by one of the following: <ul style="list-style-type: none"> <li>◦ Certification as a relevant disease state specialist through BPS, ASCP, or another approved BOP credentialing body OR</li> <li>◦ Successful completion of an accredited or approved residency, a BOP-approved certificate program, an NABP credentialing examination, or a BOP-approved examination</li> </ul> </li> </ul>
Montana	To become a clinical pharmacist practitioner, a pharmacist shall: <ul style="list-style-type: none"> <li>• Hold a valid state pharmacist license AND</li> <li>• Complete 5 yr of clinical practice experience or a residency and 2 yr of clinical practice experience and have one of the following active certifications: <ul style="list-style-type: none"> <li>◦ BPS certification</li> <li>◦ Nationally recognized certification in a practice area approved by the BOP and the BME</li> </ul> </li> </ul>
New York	To practice collaborative drug therapy management, a pharmacist must: <ul style="list-style-type: none"> <li>• Hold a valid state pharmacist license and have practiced pharmacy for a minimum of 2 yr (Pharm.D. degree or M.S. degree in clinical pharmacy) or 3 yr (B.S. degree in pharmacy) AND</li> <li>• Have ≥ 1 yr of clinical experience as a licensed pharmacist attained in the past 3 yr AND <ul style="list-style-type: none"> <li>◦ Board certification from an approved body OR</li> <li>◦ Completion of an accredited residency program</li> </ul> </li> </ul>
North Carolina	To become a clinical pharmacist practitioner, a pharmacist must: <ul style="list-style-type: none"> <li>• Hold a valid state license AND</li> <li>• Complete a BPS certification or geriatric certification OR</li> <li>• Complete an ASHP-accredited residency and have 2 yr of clinical experience OR</li> <li>• Earn a Pharm.D. degree, have 3 yr of experience, and complete a certificate program OR</li> <li>• Earn a B.S. degree in pharmacy, have 5 yr of experience, and complete two certificate programs</li> </ul>

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

<sup>a</sup>If the residency does not cover the practice area covered by the agreement, a pharmacist must complete a continuing education certificate program of ≥ 15 hr in each clinical practice area covered by the agreement.

<sup>b</sup>For pharmacists who do not possess a Pharm.D. degree, documentation of specific training is necessary.

ASCP = American Society of Consultant Pharmacists; ASHP = American Society of Health-System Pharmacists; BME = Board of Medical Examiners; BOP = Board of Pharmacy; CE = continuing education; NABP = National Association of Boards of Pharmacy.

## References

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