

# White Paper: Value of Specialty Certification in Pharmacy

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## ABSTRACT

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**Objective:** To address the value of Board of Pharmaceutical Specialties (BPS) certification, particularly as perceived by different stakeholders (pharmacists, employers, government, and academia), and to draw a parallel between specialization and certification in pharmacy and in medicine.

**Data Sources:** Electronic databases (Medline, International Pharmaceutical Abstracts, Sociological Abstracts), associations/health care organizations Web sites, outside reports, and clinical pharmacists involved in certification processes.

**Study Selection:** Studies and reports that addressed the value of specialty certification were selected by the authors.

**Data Extraction:** By the authors.

**Data Synthesis:** Pharmacists with specialty certification report enhanced feelings of self-worth, improved competence, and greater marketability. Other values of certification include increased acceptance by health care professionals, salary increases, and job promotions. Employers have acknowledged board-certified pharmacists through public recognition, increase in responsibility, and some types of monetary compensation. In some governmental organizations, certified pharmacists receive salary raises and are granted prescribing authority. However, the overall value of specialty certification in pharmacy as perceived by the public or payers lags behind when compared with the status of specialty certification in medicine.

**Conclusion:** Board-certified pharmacists appreciate the value of pharmacy specialty certification, and in a number of organizations and practice settings, board-certified pharmacists are perceived as valuable. Still, unlike board-certified physicians, board-certified pharmacists are not widely recognized outside or even within the pharmacy profession. To address this challenge, board-certified pharmacists ought to market their services to assure that other stakeholders recognize their value.

**Keywords:** Certification, credentialing, specialization, clinical/pharmaceutical practice, pharmacists, pharmacy practice.

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Historically, physicians and pharmacists have had distinct roles within the medication use process. Physicians have had the legal authority to prescribe medications, order laboratory tests, and perform or oversee procedures consistent with the patient's diagnosis. Conversely, pharmacists have worked behind the scenes, giving recommendations retrospectively, after the prescription has been written. For the most part, the pharmacist's practice has been dispensing medications, alerting the physician to a potential or actual drug-related problem, clarifying a medication order, or requesting the physician to change a nonformulary medication to one stocked by the pharmacy. Today,

because of the advent of pharmaceutical care, the interrelatedness of drug selection and dispensing has become seamless because of the increasing collaboration between pharmacy and medicine for the purpose of achieving optimal drug therapy to improve a patient's quality of life.

The widespread use of medications in the United States does not come without a concomitant set of medical, economic, social, and personal costs. The rising demand for pharmaceuticals coupled with increasingly complex medication regimens has increased health care costs and the likelihood of medication misuse.<sup>1</sup> For example, iatrogenic injury to patients may occur because of improper selection, monitoring, and management of drug therapy. The overall impact of medication errors on the health care system is a national problem of epidemic proportion. The Institute of Medicine estimates the number of lives lost to medication errors alone is more than 7,000 annually. This is more than the number of Americans injured in the workplace each year.<sup>2</sup> In addition to adverse health outcomes, society bears direct and indirect costs as a result of medication errors. Individuals who go to emergency departments or are disabled as a result of medication errors experience physical and mental discomfort. Medication errors are estimated to increase hospital costs by about \$2 billion nationwide each year.<sup>2</sup> Pharmaceutical care requires the pharmacist to be an active player in reducing medication misadventures. For pharmacists to fulfill their potential as providers of pharmaceutical care and respond to challenges of a changing health care environment, specialized or advanced knowledge and skills (certification) are needed.

#### AT A GLANCE

**Synopsis:** Pharmacists with specialty certification report enhanced feelings of self-worth, competence, and marketability, according to information compiled in this white paper. Employers have recognized specialty certification through preferential hiring, increased responsibility and salary, and monetary benefits such as payment of certain fees. Although no governmentwide policies exist at the federal level, the Department of Veterans Affairs grants certified pharmacists prescribing authority, and the Department of Defense provides certification pay. In academia, certification is frequently required for promotion and tenure, and merit salary increases are provided at some colleges of pharmacy to faculty who achieve certification. Specialization and certification in medicine have longer histories and more clearly perceived value; specialty certification in medicine is often used as a standard of excellence and is often required of physicians for appointments. The value of specialty certification in pharmacy lags behind the value of specialty certification in medicine.

**Analysis:** *Advances in medicine, particularly the widespread use of prescription medications, have increased health care costs and the likelihood of medication error or misuse. Pharmaceutical care requires that the pharmacist be an active participant in the health care team, and advanced knowledge and skills—specialization and certification—are needed. The Board of Pharmaceutical Specialties (BPS), which grants certification in five areas, is responsible for recognizing specialties in pharmacy practice, evaluating pharmacist specialists' knowledge and skills, establishing standards for certification and recertification, and communicating information to organizations and pharmacists interested in pharmacy practice specialties. BPS continues to expand opportunities for pharmacists to specialize in the rapidly evolving health care system. Several approaches to promoting specialty certification are outlined.*

## Objective

The purpose of this paper is to address the value of Board of Pharmaceutical Specialties (BPS) certification. We begin with a discussion on pharmacy credentialing and the history of BPS. Next we set forth the rationale for the value of certification from the perspective of different stakeholders. We then describe the development of specialization in medicine and provides a summary of the major issues regarding specialization in medicine and pharmacy. We conclude with a series of recommendations to improve the certification process.

## Credentialing in Pharmacy

According to the Council on Credentialing in Pharmacy (CCP), pharmacists' credentials are divided into three fundamental types.<sup>3</sup> The first type, an academic degree, is awarded for successfully completing academic training and education in pharmacy. The second type, licensure, is a state-controlled legal prerequisite to practice pharmacy. It validates that the pharmacist has met minimum requirements set by the state in which he or she intends to practice. The third type of credential may include (a) advanced degrees, (b)

certificates that are awarded to pharmacists who have completed additional education and training of various types (e.g., master's degree, residency) intended to develop and enhance their knowledge and skills, or (c) certification for those who have attained the requisite level of knowledge and skills in a specialized area of pharmacy practice through an assessment process (e.g., BPS).

A certificate training program is a structured and systematic postgraduate continuing education experience for pharmacists intended to educate and teach new skills that enable pharmacists to develop predetermined practice competencies.<sup>4</sup> The focus of certificate programs is to bring pharmacists up to speed on a specific skill or therapeutic area; for example, the American Pharmacists Association (APhA; formerly the American Pharmaceutical Association) offers programs in areas of disease management, including diabetes, asthma, and hyperlipidemia.<sup>3</sup> Colleges of pharmacy, pharmacy associations, and other educational groups provide certificate training programs.

Certification, on the other hand, is a credential granted to practitioners who have demonstrated a level of competence in an area of practice that exceeds the minimum requirements for licensure. The CCP explained, "Certification is a voluntary process by which a nongovernmental agency or an association grants recognition to a pharmacist who has met certain predetermined qualifications specified by that organization."<sup>3</sup> For example, BPS, the National Certification Board for Diabetes Educators (NCBDE), the National Institute for Standards in Pharmacist Credentialing (NISPC), the Commission for Certification in Geriatric Pharmacy (CCGP), and the National Certification Board for Anticoagulation Providers (NCBAP) are nongovernmental agencies that offer certification to pharmacists, but not all are specialty credentials.<sup>3</sup>

BPS was established in 1976 by APhA and offers certification in a number of pharmacy specialty areas. NCBDE was established in 1986 as an independent organization to promote the interests of diabetes educators and the public at large by granting certification to qualified health professionals (e.g., pharmacists) involved in teaching persons with diabetes, through establishment of eligibility requirements and development of a written examination.<sup>5</sup> NISPC was founded in 1998 by APhA, the National Association of Boards of Pharmacy, the National Association of Chain Drug Stores, and the National Community Pharmacists Association. NISPC offers certification in the management of diabetes, asthma, hyperlipidemia, and anticoagulation therapy. CCGP was created in 1997 by the American Society of Consultant Pharmacists to oversee certification programs in geriatric pharmacy practice. NCBAP is a multidisciplinary group established in 1998 to develop, maintain, and protect the Certified Anticoagulation Care Provider credential and the certification process.<sup>6</sup>

## History of BPS

In 1976, APhA established BPS as an independent agency with the authority to grant certification to pharmacists who were quali-

fied to be specialists. BPS is responsible for recognizing specialties in pharmacy practice, evaluating pharmacist specialists' knowledge and skills, establishing standards for certification and recertification, and communicating information to organizations and pharmacists interested in pharmacy practice specialties.<sup>7,8</sup> Historically, BPS has responded to petitions from the profession for the designation of specialties. In 1977, the APhA Academy of Pharmacy Practice requested designation of nuclear pharmacy as a specialty, and this was granted. During the mid-1980s, a petition jointly sponsored by the American Society of Hospital (now Health-System) Pharmacists (ASHP) and the American Society for Parenteral and Enteral Nutrition (ASPEN) successfully sought recognition of nutrition support pharmacy practice. A late-1980s petition supported by the American College of Clinical Pharmacy (ACCP) resulted in the recognition of pharmacotherapy as a BPS specialty. More recently, ASHP petitioned for recognition of psychiatric pharmacy and oncology pharmacy, and these were approved in 1992 and 1996, respectively.

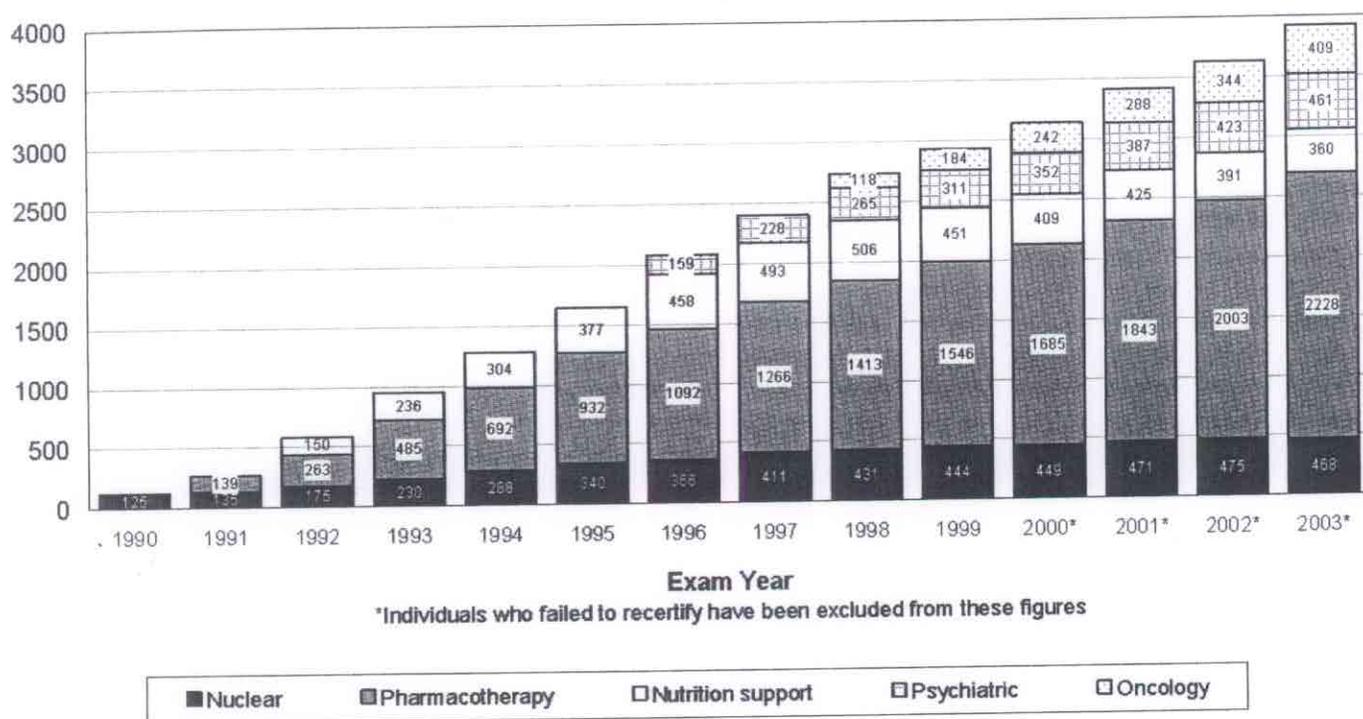
## Description of Currently Recognized Specialties

BPS currently certifies pharmacists in five specialties: nuclear pharmacy, nutrition support pharmacy, pharmacotherapy, psychiatric pharmacy, and oncology pharmacy.<sup>9</sup>

Nuclear pharmacy seeks to improve and promote the public health through the safe and effective use of radioactive drugs for diagnosis and therapy. A nuclear pharmacist, as a member of the nuclear medicine team, specializes in procurement, compounding, quality assurance, dispensing, distribution, and development of radiopharmaceuticals. In addition, the nuclear pharmacist provides consultation regarding health and safety issues, as well as the use of nonradioactive drugs and patient care. Those who are granted certification in this specialty may use the designation Board Certification Nuclear Pharmacist and the initials BCNP, as long as certification is valid.

Nutrition support pharmacy addresses the care of patients who receive specialized nutrition support, including parenteral and enteral nutrition. The nutrition support pharmacist has responsibility for promoting maintenance and/or restoration of optimal nutritional status, and designing and modifying treatment according to the needs of the patient. The nutrition support pharmacist has responsibility for direct patient care and often functions as a member of multidisciplinary nutrition support team. Those who are granted certification in this specialty may use the designation Board Certified Nutrition Support Pharmacist and the initials BCNSP, as long as certification is valid.

Pharmacotherapy is that area of pharmacy responsible for ensuring the safe, appropriate, and economical use of drugs in patient care. The pharmacotherapy specialist has responsibility for **direct patient care, often functions as a member of a multidisciplinary treatment team, may conduct clinical research, and is frequently a primary source of drug information for other health**

**Pharmacists Certified by the Board of Pharmaceutical Specialties****Figure 1. Number of Pharmacists Certified by Board of Pharmaceutical Specialties**

care professionals. Those who are granted certification in this specialty may use the designation Board Certified Pharmacotherapy Specialist and the initials BCPS, as long as certification is valid.

Psychiatric pharmacy addresses the pharmaceutical care of patients with psychiatric disorders. As a member of a multidisciplinary treatment team, the psychiatric pharmacist specialist is often responsible for optimizing drug treatment and patient care by conducting patient assessments, recommending appropriate treatment plans, monitoring patient response, and recognizing drug-induced problems. Those who are granted certification in this specialty may use the designation Board Certified Psychiatric Pharmacist and the initials BCPP, as long as certification is valid.

Oncology pharmacy specialists recommend, design, implement, monitor, and modify pharmacotherapeutic plans to optimize outcomes in patients with malignant diseases. Those who are granted certification in this specialty may use the designation Board Certified Oncology Pharmacist and the initials BCOP, as long as certification is valid.

In 1997, BPS introduced the designation of "Added Qualifications," which denotes an individual who has demonstrated an enhanced level of training and experience in one segment of a

BPS-recognized specialty. To date, added qualifications in infectious diseases and in cardiology, within the pharmacotherapy specialty, have been approved and are being granted to qualified specialists. Petitions for other practice areas are under development but have not been submitted for approval at this time.<sup>7</sup>

As of December 2003, more than 3,600 pharmacists held BPS certification, distributed across the five specialties as follows:

- Nuclear Pharmacy, 468
- Nutrition Support Pharmacy, 360
- Oncology Pharmacy, 409
- Pharmacotherapy, 2,228
- Psychiatric Pharmacy, 461

Figure 1 depicts the growth of the number of certified pharmacists by specialty from 1990 to 2003.

**Specialty Recognition**

The BPS examination is a written test that is designed to assess a pharmacist's knowledge in a particular specialty area such as nuclear pharmacy or pharmacotherapy. To sit for the appropriate certification exam, a pharmacist-candidate must be able to satisfy

BPS that he or she has acquired the requisite level of training and experience in that particular area. Thus, in order for a pharmacist to receive BPS certification, he or she must have an entry-level pharmacy degree from a program approved by the Accreditation Council on Pharmacy Education; hold a valid license to practice pharmacy; complete a specified number of years of practice, residency or fellowship; and pass the BPS certification examination.<sup>10</sup> BPS requires specialty-certified pharmacists to recertify every seven years. Each specialty has its own recertification requirements and these are specified in the BPS Candidate's Guide.<sup>9</sup>

## Value of Certification

Ideally, the value of certification would be supported by documenting the impact of board-certified pharmacists on economic, clinical, and humanistic outcomes. There are several publications on the value of clinical pharmacy services. For example, a randomized trial suggested that outcomes in heart failure can be improved with a clinical pharmacist as a member of the multidisciplinary heart failure team.<sup>11</sup> A study by Leape et al.<sup>12</sup> demonstrated that pharmacist participation on medical rounds can be a powerful means of reducing the risk of adverse drug events. A pilot study conducted in a Veterans Affairs Medical Center revealed that a clinical pharmacy specialist working collaboratively with physicians could make a contribution in improving blood pressure in patients with uncontrolled hypertension.<sup>13</sup> Furthermore, a study by Lee et al.<sup>1</sup> concluded that pharmacist recommendations improved clinical outcomes and saved money at a Veterans Affairs Medical Center. More than 90% of clinical pharmacy interventions documented as part of The Pharmaceutical Care Intervention Documentation Program at the University of Maryland Medical System potentially improved patients' health status and prevented drug misadventure.<sup>14</sup> A recent review by Schumock et al.<sup>15</sup> reveals the positive financial benefits of clinical pharmacy services. Despite such strong evidence on the value of clinical pharmacy services, the literature does not directly address the value of specialty certification. Thus, we will primarily focus on the value of pharmacy specialty certification as perceived by different stakeholders.

### Value of Certification to Pharmacy Specialists

The greatest value of board certification, according to pharmacist specialists, comes from enhanced feelings of self-worth, improved competence, and greater marketability. In addition, for some pharmacists, the primary value of BPS certification centers around the fact that certification is a way to differentiate their knowledge and skills from that of generalist pharmacists. Other values of BPS certification include increased acceptance by other health care professionals, salary raise, and job promotion.

McArtor and Rascati<sup>10</sup> surveyed 733 BPS-certified specialists to

measure the level of tangible and intangible benefits that BPS certification brings to pharmacist. The survey questions addressed self-esteem, employment, monetary compensation, and professional recognition. The response rate was 65.5%, and more than 90% of the respondents indicated that they practiced pharmacy within their specialty. The top three reasons for becoming certified were to test their competence (65.2%), increase their marketability (49.6%), and increase their acceptance by other health care professionals (34.3%). After earning BPS certification, a small percentage of pharmacists received financial or career gains—about 8% reported promotion, 16% reported a bonus, and 10% reported a raise.

In another study, Ponto<sup>16</sup> surveyed 81 BCNPs and found that 72% of respondents derived the greatest amount of satisfaction from self-recognition and acceptance. BCNPs derived the least satisfaction from recognition and acceptance by employers. A survey of members of the Ambulatory Care Practice and Research Network of ACCP found that clinical pharmacists who were board certified in pharmacotherapy earned on average \$1,000 more per year than did noncertified clinical pharmacists.<sup>17</sup> Furthermore, in some states, board-certified pharmacists may receive direct compensation for their services.<sup>18</sup>

In some states, being a BPS-certified pharmacist is one of the criteria that enable a pharmacist to participate in collaborative drug therapy management. Collaborative drug therapy management is gaining support throughout the United States and allows pharmacists to partner with physicians to manage drug therapy and disease states.<sup>19</sup> Collaborative drug therapy management activities may include initiating, modifying, and monitoring drug therapy; ordering and performing laboratory tests; assessing patients' responses to therapy; educating and counseling patients; and administering medications.<sup>19</sup> The National Association of Boards of Pharmacy and ASHP recently conducted a survey of state boards of pharmacy and found that 39 states have taken legislative measures to enable pharmacists to engage in collaborative practice.<sup>20,21</sup>

In 1993, New Mexico broadened the scope of pharmacy practice and created a new category of practitioner, the "pharmacist clinician." The pharmacist clinician is defined as a pharmacist who has at least as much training as a physician assistant. The New Mexico Board of Pharmacy developed practice guidelines and set forth the education and training requirements for pharmacist clinicians. Pharmacist licensed in New Mexico can become pharmacist clinicians in any of several ways. One avenue is to be a physician assistant. Another avenue is to complete 60 hours of physical assessment training and a 150-hour, 300 patient-contact preceptorship supervised by a physician and approved by the Board, and to achieve a passing score as defined by the Board on an appropriate examination approved by the Board. This includes but is not limited to one of the BPS specialty practice examinations.<sup>20,22</sup>

Another benefit of BPS certification to pharmacist is the recognition given by educational organizations. Several U.S. colleges of pharmacy have adopted policies that may exempt BPS-certified pharmacist specialists from some didactic courses in their postbaccalaureate PharmD programs.<sup>9,23</sup>

## Value of Certification to Employers

During 2002, BPS conducted a survey of board-certified pharmacy specialists. Of 1,141 BPS-certified pharmacists responding, 4.8% reported that board certification was required in their job description and 31% reported it was preferred. Pharmacists also reported that their employer provided recognition for being BPS certified, such as public recognition (21%), increase in responsibility/privileges (12%), one-time bonus (3%), salary increase (15%), payment of BPS annual fees (15%), and payment of fees for the certification (33%) and recertification examinations (24%). These results suggest that there is a willingness of employers to acknowledge board-certified pharmacists. In the following section, we describe the incentives provided to BPS-certified pharmacists in the government and academia to demonstrate the value perceived by these two employer groups.

## Government

BPS certification is one criterion delineated by the Veterans Health Administration directives that grant pharmacists prescribing authority. The March 1995 Directive and subsequently the December 2002 Directive provide a consistent policy for pharmacists' prescriptive authority in Veterans Affairs Medical Centers. The purpose of the directives is to provide guidance for establishment of medication prescribing for Clinical Pharmacy Specialists (CPSs). They must have a master of science or doctor of pharmacy degree, have completed an accredited residency, hold BPS specialty certification, or possess equivalent experience.<sup>24</sup>

On April 29, 1994, the Department of Defense provided Congress with a recommendation to implement board certification pay for nonphysician health care providers, up to \$5,000 per year. The purpose was to provide an incentive for the highest level of professional achievement and to treat all health care providers equitably, when board certification pay authority exists. The recommendation authorized pharmacists to receive this pay. To be eligible for this pay, the individual must: (1) be an officer in the Medical Service Corps of the Army or Navy, or an officer in the Army Medical Specialist Corps, or a Biomedical Sciences Corps officer in the Air Force; (2) be a health care provider; (3) have a postbaccalaureate degree in the provider's specialty; and (4) be certified by a professional board in the officer's specialty.<sup>25,26</sup> For pharmacists, the only certifications approved for this purpose are the five offered by BPS. This policy also applies to pharmacists in the commissioned corps of the U.S. Public Health Service.<sup>27</sup>

## Academia

In 1993, Wagner et al.<sup>28</sup> completed a telephone survey with 100% response rate of all 75 colleges of pharmacy in the United States and 9 Canadian pharmacy schools assessing the incentives offered for pharmacy practice faculty to become board-certified pharmacotherapy specialists (BCPS). The responses from the questionnaire revealed that board certification was one of many

criteria considered for promotion and tenure at 26 (31%) schools and resulted in a merit salary increase at 16 (19%) schools. However, none of the schools required board certification for employment as full-time pharmacy practice faculty.

Subsequently, the American Association of Colleges of Pharmacy Task Force made specific recommendations to departments of pharmacy practice concerning implementing specific policies regarding BPS certification for faculty.<sup>29</sup> The task force recommended to departments of pharmacy practice that members and pharmacy practice faculty be encouraged to (a) pursue board certification in pharmacy practice specialty areas, (b) consider further the issues of departments of pharmacy practice requiring specialty certification of faculty with patient care responsibilities, (c) work with BPS to identify and document the benefits of specialty certification to college of pharmacy, and (d) encourage colleges of pharmacy to provide additional career incentives along with financial incentives to those who pursue certification.

## Development of Specialization in Medicine

Specialization and certification in medicine reflect a long evolutionary history. While medicine differs from the other health professions in many ways, medicine can still serve as a model for other professions seeking to credential specialists.

The growth of specialization in medicine began in the 1920s and 1930s and is directly connected to the development of medical science and the resulting improvements made in medical care delivery.<sup>30</sup> The growth of medical specialization in the United States is largely due to the physicians' need to master the special tools and skills needed to deliver quality health care and the intricacies of social, political, and economic forces.<sup>31</sup>

Most specialty areas developed around organ systems, such as ophthalmology, otolaryngology, urology, neurosurgery, gastroenterology, and cardiology.<sup>32</sup> Physicians assessed their own qualifications to practice a given specialty. No formal system assured the public that the heart specialist was different from the general practitioner or that a physician claiming to be a specialist was indeed qualified. Consequently, specialty societies and medical education institutions collaborated on developing boards to define specialty qualifications and to issue credentials that would assure the public of the specialist's qualifications.<sup>33</sup> The American Board of Ophthalmology, established in 1917, was the first specialty board in the United States.<sup>34</sup> It established the guidelines for training and evaluating candidates desiring certification to practice ophthalmology. The second specialty board, the American Board of Otolaryngology, was established in 1924. The third and fourth boards, the American Board of Obstetrics and Gynecology and the American Board of Dermatology and Syphilology, were established in 1930 and 1932, respectively, followed by several other specialties, such as the American Board of Internal Medicine in 1936 and the American Board of Surgery in 1937.<sup>30,34</sup> The objec-

tives of each specialty board were to elevate the standards of a specialty area, familiarize the public with its aims and ideals, protect the public against irresponsible and unqualified practitioners, receive applications for examinations in a specialty area, conduct examinations of such applicants, and issue certificates of qualification in a specialty area.

Since 1934, official recognition of specialty boards in medicine has been achieved by the collaborative efforts of the American Board of Medical Specialties (ABMS) and the AMA Council on Medical Education. The ABMS approves 24 medical specialties. This organization has become the standard by which the profession and the public recognize physician specialists in the United States.<sup>35</sup> In addition to the 24 ABMS member boards, approximately 180 non-ABMS boards issue specialty certification.<sup>35</sup>

The establishment of board certification for physician specialists was based on the idea that a physician who successfully met certain predetermined qualifications and attained the requisite level of knowledge, skill, or experience in a well-defined specialized area of medicine would be a better practitioner than one who did not meet these qualifications.<sup>36</sup> The implication was that a specialist would produce better health outcomes, less morbidity, or greater efficiency in providing health care. However, while intuitively logical, this concept has not been validated by any studies.<sup>36</sup> One may argue that physicians with specialties provide state-of-the-art knowledge and that the patients ultimately benefit from specialist-dominated care. On the other hand, in some instances, sophisticated, expensive, specialist-dominated care may not produce any better health outcomes than did other, simpler, less-expensive health care delivery systems.<sup>31</sup> Nonetheless, the public interest is best served by having a specialist who in a given situation is capable of effectively treating the patient's problems and making the necessary decisions about priorities and timing of treatment.<sup>32</sup> A patient having a severe myocardial infarction would undoubtedly be better served by a cardiologist than a general practitioner.<sup>32</sup> However, the effects of specialization cannot be judged systematically, because negative outcomes from specialty care have been rarely reported.<sup>32</sup>

### Requirement for Specialization

The selection of a medical specialty is a major decision in every medical student's career. Undertaking and successfully obtaining board certification in a specialty area requires dedication to lifelong learning that starts in college, medical school, and residency training for physicians. After physicians complete approximately 4 years of education in a medical school or college of osteopathic medicine, they earn the doctor of medicine or the doctor of osteopathy degree.<sup>37</sup> As with pharmacist credentials, physician credentials may be divided into three fundamental types. The first type, college and university degrees, is awarded to mark the successful completion of a physician's academic education. The second type, licensure, is an indication that the physician has met min-

imum requirements set by the state or territory in which he or she practices medicine. The third type of credential may include medical specialty board certification that is issued by a medical specialty certifying board and is valid nationwide. A board-certified physician is recognized as having completed an approved educational training program and an evaluation process including an examination designed to assess the knowledge, skills, and experience necessary to provide quality patient care in that specialty.<sup>30</sup>

### Value of Specialization in Medicine

Although certification is not required for an individual physician to practice medicine, the value of specialty certification in medicine is clear. Most hospitals and managed care organizations require that at least a certain percentage of their staff be board certified.<sup>30</sup> Specialty board certification status for a physician is often used as a standard of excellence; most hospitals, managed care organizations, and health insurance plans require board certification for physicians for being granted clinical privileges and hospital appointments.<sup>35</sup> Furthermore, the Joint Commission on Accreditation of Healthcare Organizations and the National Committee for Quality Assurance embrace medical specialty board certification by incorporating it into their accreditation standards.<sup>35</sup> Moreover, the public also uses medical specialty board certification as a measure of a physician's clinical expertise.<sup>35</sup>

### Discussion

The fact that the PharmD degree program has become the sole professional degree accredited by the Accreditation Council for Pharmacy Education reflects the recognition that the role of the pharmacist is changing. Specialty certification may give pharmacists a competitive edge because they are recognized as specialists in a given area through demonstration of their advanced clinical knowledge and skills in a rigorous examination process, which is psychometrically sound and legally defensible.

We looked to the physician experience as a comparator, recognizing that there are differences in history, payment, and current recognition. It was not until the late 1960s and 1970s when pharmacy leaders suggested the concept of specialty practice in pharmacy. In contrast, medicine has almost 100 years experience with specialty practice. Furthermore, the patients often seek board-certified physicians for diseases of specific organ systems and for serious illness, and board-certified physicians customarily receive payment for such specialty services.

While board-certified pharmacists have a thorough and up-to-date understanding of the pathophysiology, diagnosis, and treatment of diseases, historically they have not been recognized as providers under the Social Security Act.<sup>38</sup> Board-certified pharmacists, unlike physicians, physician assistants, nurse practitioners,

nurses, clinical psychologists, and clinical social workers, have not been included on Medicare's list of approved providers. However, this may all change in the near future. Under the new Medicare Modernization Act, prescription drug providers must take into account the role of pharmacists as medication therapy managers when negotiating pharmacy fees. Implementing this provision will prove to be difficult for the profession as it grapples with who would qualify, the types of services to be paid for, and other very practical issues. Since much of this activity may focus on disease and drug therapy management, board-certified pharmacists may find themselves in an excellent, if not advantageous, position to be recognized as medication therapy managers.

Board-certified pharmacists are often an important component of the multidisciplinary health care team and are accepted by other health care professionals. Because they are board certified, pharmacist specialists may receive salary raises and job promotions. Currently nearly 4,000 pharmacists are certified by BPS, and this number continues to increase. Since 1994, the total number of BPS-certified pharmacists has tripled. Given this trend and the documented value thus far, specialty certification in pharmacy is expected to grow in number and prominence.

## Conclusion

We explored the value of specialty certification in pharmacy as perceived by the public, employers, payers, and other health professionals in this white paper. We found that board-certified pharmacists appreciate the value of pharmacy specialty certification, and that in a number of organizations and practice settings, board-certified pharmacists are perceived as valuable. Still, unlike board-certified physicians, board-certified pharmacists are not widely recognized outside or even within the pharmacy profession. To address this challenge, board-certified pharmacists ought to market their services to assure that other stakeholders recognize their value.

## Recommendations

As BPS continues to broaden opportunities for pharmacists to specialize, it must continue to reinforce the present and future value of specialty certification in pharmacy. In order to continue to evolve and improve the certification process, BPS might consider a multipronged approach.

1. BPS should collaborate with membership organizations representing pharmacist specialists to further promote the value of certification to the various stakeholders, including but not limited to:
  - a. Pharmacists, who will be better able to assist patients, other providers, and society in general
  - b. Hospitals and health systems, whose patients will benefit and who will be able to provide higher quality and

more cost effective care

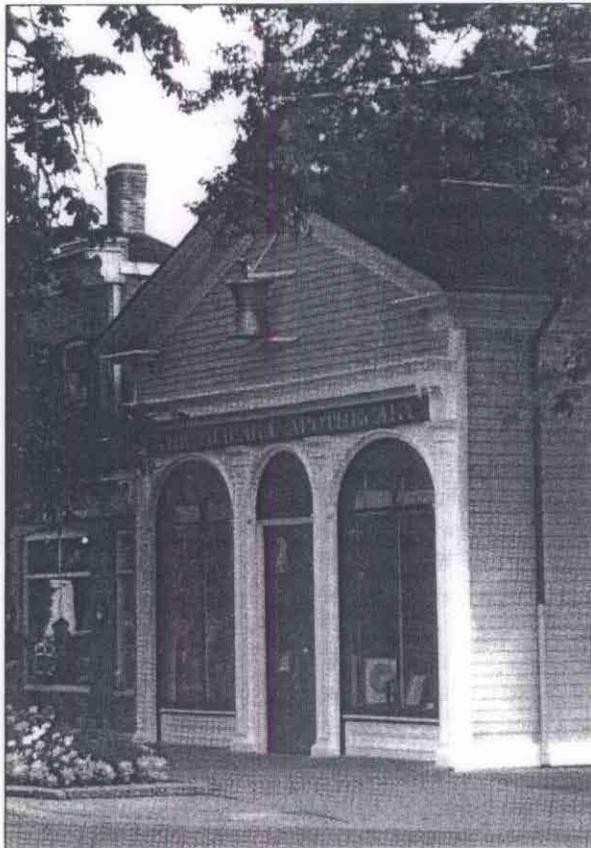
- c. Government, insurers, and other payers, who increasingly request cost-effective care along with positive health outcomes
  - d. Physicians, who will be engaged in collaborative practice with BPS-certified pharmacists and whose patients will benefit from optimization of drug therapy
  - e. Schools of pharmacy since they are in a privileged position to encourage PharmD students to seek board-certification specialization upon graduation
2. BPS should collaborate with other stakeholders to document the value of pharmacist specialization and BPS certification as a means to further adoption of pharmacist specialty certification as a desired credential.
  3. BPS should work with others in organized pharmacy toward securing adequate payment, from employers, insurers, patients, and other payers, for services provided by pharmacists who have earned specialty certification status.
  4. BPS should encourage and facilitate development of additional specialty certification to meet the changing needs of patients and the health care system. Examples include but are certainly not limited to compounding, pediatrics, and primary care.
  5. BPS should continually evaluate its entire certification and recertification processes to ensure that they meet established standards of psychometric soundness and legal defensibility.

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