White Paper: Certification, Credentials, and Credentialing in Pharmacy

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CSHP WHITE PAPER
Certification, Credentials and Credentialing in Pharmacy

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In August of 1999, the CSHP Board of Directors voted to commission a Blue Ribbon Committee of CSHP members to identify CSHP's role in credentialing pharmacists' skills. The group was asked to: (1) assess the current marketplace with respect to pharmacist credentialing and any potential benefits or risks of various approaches; (2) identify potential partners or affiliations for CSHP to serve in this venue; (3) develop a plan or recommendation for the CSHP Board to follow in the implementation of such a program, if deemed feasible; and (4) determine if such a program would be consistent with CSHP professional policies, and if not, develop recommended policy on this subject consistent with the Blue Ribbon Committee's findings.

During their discussions, the Blue Ribbon Committee identified the need to educate CSHP members on the current status of credentialing within the pharmacy profession. This "white paper" was developed by the members of the Committee to provide an overview of the issues involved. It is designed to stimulate further discussion of the still evolving concept of pharmacist credentialing and does not reflect formal CSHP policy at this time. The Blue Ribbon Committee is in the process of developing recommendations for CSHP policy on the subject of pharmacist credentialing, which will be presented to the CSHP Board for consideration and action.

Thanks go to the members of the Blue Ribbon Committee on Pharmacist Credentialing for their participation in this process: Jeffery Goad and Donald Kishi (co-chairs), Mary Ferrill, Kari Franson, Nancy Korman (CSHP Board Liaison), Teresa Miller and Holly Strom.

INTRODUCTION

The rapid evolution of the health care system has provided the pharmacy profession with opportunities to expand existing and develop new direct patient care roles. Two critical challenges that the pharmacy profession must contend with to ensure the continued expansion and acceptance of pharmacists in advanced practice roles (e.g. direct patient care roles) are: (1) To develop and implement a credible, systematic, standards-based, and profession-wide plan that includes a system for identifying the types of pharmacists' practices requiring credentials, a validated certification process, and a computerized credentialing process that is current, comprehensive, and easily accessible; (2) To establish the credibility of these advanced practice credentials and the certification and credentialing processes with other health care providers, the public, employers and payers (government and commercial).

DEFINITIONS: COMPETENCY, CERTIFICATE PROGRAM, CREDENTIAL, CREDENTIALING AND CERTIFICATION

The concepts of competency, certificate programs, credentials, credentialing and certification of pharmacists for advanced practice roles are relatively new to the pharmacy profession. Inappropriate use of these terms by pharmacists has led to confusion within, as well as outside, the profession. Fundamental to this discussion is a clear understanding of these terms.

Competency: The American Council on Pharmaceutical Education (ACPE) defines professional competencies as the demonstration of "professional qualities including knowledge, skills, abilities, attitudes, and values."
Certificate Program: The ACPE defines a certificate program as a specific type of continuing professional education program. It is a structured and systematic post-graduate education and training program that is designed to provide the practitioner with knowledge, skills, judgment and/or attitudes needed to meet specific practice objectives. A certificate program is of shorter duration than a degree program.¹

Certification: The process by which a non-governmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association. This formal recognition is granted to an individual to designate to the public that this person is competent to practice in the designated area of certification. Participation in both certificate and credentialing programs is voluntary.²

Credential: A credential is documentation or evidence of a qualification. Examples of credentials include: Academic degrees, practice experience, post-graduate education and training, licensure, certifications, and certificate(s) obtained.

Credentialing: Credentialing is the process of gathering, verifying and evaluating a healthcare provider's credentials to ensure that the practitioner is qualified to provide specific patient care services based on an organization's standards.³ It is similar to the “privileging” process used by hospitals and health systems.

Clinical Privileging: Clinical privileging is credentialing conducted by a health care organization (e.g. health system, hospital, or HMO) of a health care practitioner to ensure that a health care practitioner is qualified to provide specific patient care services in that organization.³

Licensure: Licensure is the process by which a governmental agency grants permission to an individual to practice in a profession or occupation, upon finding that the applicant has attained the minimum requirements (education, training, and a passing score on the licensing examination) necessary to ensure public health, safety, and welfare.⁴

CERTIFICATION, CREDENTIALS AND CREDENTIALING IN OTHER HEALTH CARE PROFESSIONS

Other health care professionals who provide direct patient care services and who are recognized as “providers” (e.g., physicians, osteopaths, nurse practitioners, physician assistants, etc.), are required to be certified, maintain specific credentials and participate in a credentialing process as a means of assuring competency. Physicians are required to be certified by a national board, e.g., American Board of Internal Medicine (ABIM), to practice in internal medicine, specialties, and subspecialties. For internal medicine, the applicant for board certification must have graduated from an accredited U.S. medical school, be a licensed physician, have completed 3 years of an internal medicine residency or equivalent residency training and have documentation of his/her clinical competency. To be eligible for board certification in a specialty or subspecialty, the applicant must be board certified in internal medicine and have had additional training in an accredited residency program in the specialty or subspecialty practice area. The ABIM requires recertification in internal medicine and in specialty and subspecialty areas every 10 years.⁴ Some professionals, such as family practice physicians, require recertification in addition to license renewal.⁶² Physician Assistants (PAs) are certified by the National Commission on Certification of Physician Assistants (NCCPA). The NCCPA is the only national credentialing body for PAs and issues the PA-C (Physician Assistant – Certified) designation to indicate certification. The NCCPA requires that PAs pass an initial certification exam and then obtain recertification every 6 years via an electronic or a take-home multiple choice exam.⁶³ (See Table 1 for examples of other professions' certifications compared to those provided by pharmacy.⁶⁹)

Within the practice of pharmacy, there is a certification available to pharmacy technicians through the Pharmacy Technician Certification Board (PTCB). The PTCB is a national board that grants the CPhT (certified pharmacy technician) designation to technicians who pass a certification exam and recertify every 2 years. Over 50,000 technicians nationally hold this credential, and so far, California technicians have not been required to participate in this credentialing process.¹¹

There are cross profession certification processes. For example, the American Diabetes Association (ADA) promotes the Certified Diabetic Educator (CDE) credential. The CDE credential requires passage of an examination, 1000 hours of diabetes patient contact over at least a 2 year period prior to the examination, post-certification continuing education requirements and recertification every 5 years. This certification is available to a variety of healthcare professionals, including pharmacists.¹²

A listing of nationally accredited allied health care provider certification organizations is available through the National Organization for Competency Assurance’s website.¹³

NEED FOR CREDENTIALS AND A CREDENTIALING PROCESS IN PHARMACY

In contrast to other health care professions, pharmacy's only widely accepted credentials are an academic diploma and state board of pharmacy licensure. Certification programs for specialists in specific disease states (e.g., asthma and diabetes) or broad classes of medical specialties (e.g., oncology and psychopharmacy) currently exist, but they have not been uniformly accepted within the pharmacy profession. Further, they have yet to be widely recognized and/or valued by other health care professionals, payers and patients.
NEED FOR A SYSTEM TO ASSURE PRACTITIONER COMPETENCE

The pendulum that swings between public concern regarding cost-containment and the quality of health care has begun to swing back toward quality. The unacceptable high incidence and cost of medical errors cited in the Institute of Medicine’s report, “To Err is Human: Building a Safer Health System,” has further increased the concern of regulatory agencies, legislative bodies, health professional organizations and the public about the quality of health care. Public concern has also been voiced about the ineffective, inconsistent, uncoordinated, politically influenced processes in health care provider regulation that have resulted in problems in access to health care, wasted resources, and concern over the post-licensure competency of health care providers. The 1998 PEW Health Commission’s report, “Strengthening Consumer Protection: Priorities for Health Care Workforce Regulation,” cites examples of these problems. Further, there has been concern, as reported by the Associated Press, over the inconsistent oversight of pharmacy technician roles in community pharmacies by state boards of pharmacy. Increasing public concern for quality will likely turn into a demand for action. It would behoove us within the pharmacy profession to be prepared with a well organized, profession-wide, credible system of credentials, certification and a credentialing process that is proactive and not reactive to legislative mandates.

THE NEED TO ESTABLISH CREDIBLE CREDENTIALS REFLECTIVE OF ADVANCED PRACTICE ROLES.

Health Care Providers: Medicare does not recognize pharmacists as “providers” of direct patient care. As a result, pharmacists are ineligible for Medicare reimbursement at the “non-physician provider” level for direct patient care services, such as collaborative drug therapy management. Since nurse practitioners and physician assistants are considered “non-physician providers,” they can be reimbursed by Medicare for direct patient care services. As a result, pharmacists may be at a competitive disadvantage for direct patient care positions in clinics, physician groups and with other health care provider employers. The California Pharmacists Association recently reported that the Legislative Counsel for the State of California has provided the following opinion on pharmacists as health care providers in California: “The term ‘health care provider’ includes a licensed pharmacist who provides non-dispensing services that are within a pharmacist’s scope of practice….” Legislative recognition of the pharmacist as a “health care provider” is also being proposed in California Assembly Bill AB 2804.

Some California pharmacists have successfully billed and obtained payment for services provided to patients in the fee-for-service health insurance plans, but these plans are quickly being replaced by managed care capitated plans, which usually do not recognize a pharmacist as a “non-physician provider.” (Credible credentials and a certification process for advanced practice roles may provide the Health Care Financing Administration (HCFA) and third party payers with a sufficient basis to recognize pharmacists as providers of direct patient care.)

Pharmacist Employers: From the employer’s perspective, credentials based on a credible, national system of certification can be a valuable tool for employee selection.

The PEW Health Commission recommended national certification, credentials, a credentialing process and evidence based, coordinated scopes of practice for health care providers. A national system could facilitate practitioners moving from state to state and an employer’s ability to hire qualified out of state practitioners.

Other Health Care Providers: Establishing credible, nationally recognized credentials and a credentialing process would likely facilitate the acceptance of pharmacists in advanced practice roles. The consistency provided by nationally accepted credentials may provide assurances to other health care providers that they may depend upon the capabilities and qualifications of these pharmacists.

CURRENT PHARMACY PROFESSION CERTIFICATION PROGRAMS

A number of organizations within the pharmacy profession currently offer certification programs for pharmacists. The Board of Pharmaceutical Specialties (BPS) offers certification for pharmacists in the following specialty practice areas: Nuclear Pharmacy, Pharmacotherapy, Pharmacotherapy with “added qualifications” in Infectious Diseases, Nutrition Support Pharmacy, Oncology Pharmacy, and Psychiatric Pharmacy. The National Institute for Standards in Pharmacist Credentialing (NISP) offers disease state management (DSM) certification for pharmacists for the following disease states: asthma, anticoagulation, diabetes, and dyslipidemia. The NISP was founded by the National Association of Chain Drug Stores (NACDS), National Community Pharmacists Association (NCPA), National Association of Boards of Pharmacy (NABP) and the American Pharmaceutical Association (APhA) and now includes PCS, Inc. The Commission for Certification in Geriatric Pharmacy (CCGP) offers certification in geriatric pharmacy practice. The CCGP was founded by the American Society of Consultant Pharmacists (ASCP). The Commission on Credentialing in Pharmacy (CCP) was established by the following pharmacy organizations: the American Association of Colleges of Pharmacy (AACP), the American College of Apothecaries (ACA), the American College of Clinical Pharmacy (ACCP), the American Council on Pharmaceutical Education (ACPE), the Academy of Managed Care Pharmacy (AMCP), the
<table>
<thead>
<tr>
<th>Certifying Agency</th>
<th>Internal Medicine</th>
<th>Family Practice</th>
<th>Nontl Commission on Certification of Physician Assistants</th>
<th>American Academy of Nurse Practitioners</th>
<th>Nontl Inst. of Standards for Pharmacy Credentials</th>
<th>Commission for Credentialing in Geriatric Pharmacy</th>
<th>Board of Pharmaceutical Specialties</th>
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<td>Education</td>
<td>MD Degree</td>
<td>MD or DO Degree</td>
<td>Graduate of an accredited PA program</td>
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<td>Oncology residency and 1 year experience OR 3 years experience</td>
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<tr>
<td>Recertification</td>
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<td>Yes</td>
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<td>Examination Other</td>
<td>Every 10 years; Self evaluation exam, active license, attestation of clinical competency</td>
<td>Every 6 years plus CME license, pt. Records review</td>
<td>Every 6 years CME</td>
<td>Every 5 years or meeting CE requirements of 75 hours of CE plus 1000 hours of specialty clinical practice</td>
<td>Every 5 years active license</td>
<td>Every 5 years active license</td>
<td>Every 7 years active license</td>
</tr>
</tbody>
</table>
American Pharmaceutical Association (APhA), the American Society of Consultant Pharmacists (ASCP), the American Society of Health-System Pharmacists (ASHP), the BPS, the CCGP, and the PTCB. The CCP's intent is not to provide certification programs for pharmacists, but rather to provide coordination, leadership and quality assurance for the profession's post-licensure certification activities.3

OTHER TYPES OF PHARMACY PROFESSION CREDENTIALS

In addition to certification programs, the pharmacy profession awards other types of credentials. Examples of these include residency certificates and "fellow" recognition programs. Residencies are structured, comprehensive, and practice-based postgraduate 12-to-24 month training programs offered in a variety of settings, including health care systems, managed care organizations, health care institutional and academic medical center settings and in community pharmacies. ASHP is the organization that accredits pharmacy residency programs through an intense initial evaluation and periodic re-evaluation. Graduates of these programs receive a residency certificate.

Some pharmacy organizations, such as the California Society of Health-System Pharmacists (CSHP) and the American Society of Health-System Pharmacists (ASHP), grant "fellow" recognition (FCSHP and FASHP, respectively) to practitioners based on peer review of the individual's academic, community, and professional contributions to the organization and the profession. This credential is not intended to grant specific practice privileges, but rather, to serve as peer recognition.

While the profession has a variety of pharmacist certification programs, the overall approach to their development has been inconsistent and lacking in profession-wide acceptance. There are no standards recognized profession-wide for determining what types of certifications are needed, what prerequisite qualifications are required, or what types of evaluations are needed to establish a practitioner's competence to provide specific services.

CURRENT PHARMACY PROFESSION CREDENTIALING SYSTEMS

The only attempt to date to develop a national database of pharmacists and their credentials is NABP's Pharmacist and Pharmacy Achievement and Discipline (PPAD) Internet database. The only information it currently contains is a list of individuals who have passed the NABP DSM exam and received that credential. In line with the public's demand for both positive and negative information on their healthcare providers, it also lists disciplinary actions as reported by participating state boards of pharmacy. A more promising credentialing system is one currently being developed by the Veterans Administration, called VetPro.3,4,5 It is an internet-based credential database that currently provides information on physicians and dentists caring for veterans, but will soon be expanded to cover other healthcare professionals, including pharmacists. Its utility in the private sector has yet to be tested.

DIFFERENT CREDENTIALS FOR DIFFERENT PATIENT CARE ROLES?

The dispensing and counseling patient care roles of the pharmacist have been traditionally regulated through state board of pharmacy licensing examinations. The profession has been developing practitioners who are engaged in advanced practice roles involving expansion of the traditional roles or totally different activities and responsibilities that require a different set of competencies, (e.g., collaborative drug therapy management). These advanced practice roles have been evolving at different rates in the different segments of the profession and in the various parts of the country. As a result, there has been little impetus for developing a national credential for advanced practice roles of the pharmacist. Today, based on the increasing number of states with collaborative drug therapy management provisions, there is a need for credible, national credentials for advanced pharmacy practice roles.

WHICH IS THE BEST APPROACH? Should all disease states and specialties be credentialled?

As discussed in the following section, if the profession continues down the road of multiple disease state management certifications, confusion is likely to occur among other providers, payers, and pharmacists. In the current healthcare environment that stresses primary care, a generalist's approach to certification is likely to be the most successful.

WHO SHOULD CREDENTIAL PHARMACISTS?

Profession vs. Government. Currently, states' pharmacist licensure examinations are insufficient to ensure a pharmacist's competency to provide advanced practices. This type of advanced practice competency evaluation goes beyond most current state licensing examination requirements. Most state licensing exams focus predominantly on drug products, cursory disease state management, laws and calculations that are essential for safe medication dispensing and patient counseling. As a division of the State of California's Department of Consumer Affairs, the California State Board of Pharmacy's purpose is to protect the public's safety by ensuring that pharmacists have met the minimal educational and experience requirements to practice pharmacy. The minimum standard of practice, however, is in part determined by the pharmacy practice act, which, as it evolves, will eventually force the pharmacist licensure exam to test for a higher level of practice. While it is the government's role to protect the public, it is the profession's role to establish the standards of practice for the profession. By setting high standards, the profession
stimulates the evolution of practice and hence provides the impetus for advancing the scope of practice.

State vs. National. If a state by state approach to the credentialing process were used, the resultant inconsistency in the standards and certification processes used in each state could result in a less credible credential. Hypothetically, if a pharmacist were certified by a national certification body, a practitioner could move from state to state without the pharmacist needing to re-establish certification in each state. Nationally recognized, evidence based scope of practice standards would significantly decrease the potential for state legislatures to exert influence on the development of professional standards. A coordinated, evidenced based, national approach to health care provider scopes of practice were key recommendations made by the PEW Health Commission as methods to facilitate patient access to health care providers. Currently, since each state has its own pharmacy practice act, a national template for certification and credentialing would likely create conflicts with individual state laws and regulations, unless a national profession-specific scope of practice were adopted. Further, since it is the profession's, not the government's, responsibility to set standards of practice, coordination of health care providers' scopes of practice at the national level could eliminate the state-by-state variability that exists today. The PEW Health Commission recommended the formation of a national policy advisory body to develop standards for uniform health professions' scopes of practice.

CRITIQUE OF PHARMACY'S CURRENT CERTIFICATION AND CREDENTIALING PROCESSES

The concept of certification of pharmacists on a disease-by-disease basis has several drawbacks. Considering the multitude of comorbidities patients may have, how many DSM certifications will be required by each pharmacist to adequately and economically care for the general population? What would a pharmacist do if he or she was certified in diabetes management, but the patient also had a problem with anti-hypertensive therapy management? Patients may not be satisfied with the potential discontinuity of care and the potential need to see multiple pharmacists depending on their DSM certifications. From the payer's perspective, would it be cost-effective to have to pay for multiple visits because the providers are certified to care for one disease, but not others? From the physician's perspective, pharmacist-care referrals may become cumbersome, requiring them to keep track of many different pharmacists, each with different DSM credentials.

The NISPC DSM credential requires only that the pharmacist be licensed and in good standing for two years and pass the written or computerized examination to qualify for the credential. There is no requirement for clinical experience, much less experience in the management of the disease for which the applicant is attempting to gain certification. The NABP indicates that the examination tests the application of knowledge and judgment. However, assessment of a practitioner's competency to perform drug therapy management should require evaluation not only of the practitioner's knowledge, application of knowledge and judgment, but also should require clinical experience and should assess the pharmacist's skills, behaviors, and attitudes. Currently, it is not clear whether the NISPC DSM examination has been validated in any way.

In addition to current licensure as a pharmacist, BPS certification examinations also require a specific number of years in clinical practice based on degree and pharmacy residency status. The duration of these experiential qualifications vary, depending on the specialty. Practitioners must also be recertified every seven years to maintain their BPS credential. The BPS decision to place a moratorium on the creation of more specialty certification examinations provides an example of the lack of a profession-wide strategy for certification. Instead, they created a process by which pharmacists may earn an "added qualification" designation in a specialty, provided they possess an appropriate BPS certification and pass a structured credentials review. Although the BPS' "added qualification" (e.g. in infectious diseases pharmacotherapy) follows the model established by the American Board of Internal Medicine, the debate and discussion that it has created is evidence of the lack of profession-wide acceptance.

Currently, all schools of pharmacy are converting their curricula to only offer the Pharm.D. as the entry level degree for pharmacy. It is unclear what impact a population of "all Pharm.D." professionals will have on the types of activities that will need certification and the process to achieve it. Indeed, in the future, the Pharm.D., followed by a residency, may prove to be the only credential needed to provide collaborative drug therapy management.

By continuing on this path of inconsistent, non-systematic approaches to the creation of certification processes and credentials that lack external input and validation, pharmacists' credentials are likely to remain the best kept secret in healthcare.

CONCLUSION...OR IS IT THE BEGINNING?

The profession needs to develop and implement a credible system of certification, credentials, and credentialing. This system is key to the future of pharmacy. A failure to do so will put the profession at a significant disadvantage for current and future collaborative, direct patient management roles as the health system continues to evolve. It is the profession's responsibility, not the public's, or the government's, to establish its direction, its standards of practice and to develop...
the means of achieving them. To this end, the pharmacy profession must:

1. Come to profession-wide consensus on:
   A. which advanced practice roles today and in the future will require certification and credentials to perform.
   B. the certification methodologies required for the various advanced practice roles that exist today and those that will be needed as new roles develop in the future.
   C. the credentials that will be required for today’s advanced practice roles and those that develop in the future.
   D. how the entry level Pharm.D. (as the only professional degree awarded) should be valued as a credential in advanced practice roles.
   E. how to manage the existing postgraduate certifications and credentials.
   F. the need for requirements and periodicity of recertification.
   G. the value of the concepts of national scopes of practice.

2. Collaborate with the other participants in the health care system (providers, insurers, employers, and the public) in the development of these and future credentials and certification standards.

3. Seek and obtain validation of the quality, methods, standards, policies and procedures used in the certification and credentialing process through accreditation by an appropriate non-governmental organization, such as the National Commission on Certifying Agencies (NCCA).

4. Develop and implement or adopt a nationally recognized system that provides for the credentialing of pharmacists.

5. Develop a nationally recognized, independent agency that oversees, coordinates, and ensures the quality of the profession’s system for certification, credentials and credentialing.

A credible system for providing credentials, certification, and credentialing of pharmacists will provide assurances to other health care providers, employers, the public and insurers of the quality and capabilities of the pharmacist. Such a system, and the assurances that it could provide, will facilitate the acceptance of the pharmacist as a provider of advanced pharmacy practice services.

References


17. California Pharmacists Association. Legislative Highlights: Pharmacists are health care providers! Insights 1999; 11(16)


