

## Competency, Board Certification, Credentialing, and Specialization: Who Benefits?

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### Abstract

Pharmacists are concerned with the rapid changes in the healthcare system and what the requirements will be for a pharmacist in the near future. The emergence of board certification, credentialing, and

*This activity is designed for pharmacists, pharmacy directors, managed care organization medical directors and administrators, and payers of health services.*

### GOAL

To understand the process of board certification and its value to the pharmacist, the patient, and others.

### OBJECTIVES

1. Define what is meant by competency for pharmacy practice.
2. Differentiate between specialization and board certification for pharmacists.
3. Explain the value and benefit of enhanced pharmacist knowledge and skill in caring for patients.
4. List the government agencies and private organizations that recognize board certification of pharmacists.

other certification programs for pharmacists are causing significant concern among pharmacists. Pharmacists must assess certification programs and decide on the value of certification to their careers and to the patients they serve. Employers of pharmacists and those paying for healthcare and pharmacy services must also evaluate the value of pharmacist certification. Perhaps the most direct and significant benefit of pharmacist certification lies in the ability of the pharmacist to provide better and more comprehensive care to patients or selected groups of patients (eg, diabetic patients). Better and more comprehensive care provided by a pharmacist benefits the patient, other healthcare professionals, the healthcare system generally, and payers of healthcare and pharmacy services. Demonstrated competence of the pharmacist to provide pharmaceutical care is essential to achieving this benefit. Board certification of pharmacists in current board-recognized specialty areas of nutrition support pharmacy, pharmacotherapy, psychiatric pharmacy, nuclear pharmacy, and oncology pharmacy totaled 2075 board certified pharmacists in the United States as of January 1997. (*Am J Man Care* 1997;3:795-801)



### CONTINUING EDUCATION CREDIT

This course has been approved for a total of two (2) contact hours of continuing education credit (0.2 CEUs) by the University of Tennessee College of Pharmacy. The University of Tennessee College of Pharmacy is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education. ACPE Program Number: 064-000-97-077-H04. This course expires June 30, 2000.

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Change is inevitable! Peter Drucker has said that "systematic innovation requires a willingness to look upon change as an opportunity" and that "more than ever, insight into tomorrow is the difference between success and failure."<sup>1</sup> Drucker's comments are very pertinent to the profession of pharmacy currently. Today, pharmacists are practicing in an environment that many did not believe would exist, and are facing significant changes in their practice. Unfortunately, many pharmacists, as well as other healthcare professionals, are in denial that the current era of managed care is here to stay. While some pharmacists want things to return to the way they were, others are looking for ways to change their practice and to enhance their patient care skills. They are looking for a way to ensure that they survive.<sup>2</sup> Ob-

taining added credentials, specializing in an area of practice, pursuing another degree, and/or enhancing recognition of their skills by peers and other health-care professionals is foremost in many pharmacist's minds.

Drug therapy is becoming more complex each day, as healthcare professionals are being inundated by information on medications from the pharmaceutical industry and the medical literature. The changes in therapeutics are so rapid that it is very difficult to keep pace with new advances. This article will explore the areas of competency, specialization, certification and the differences that exist between these areas. A glossary of commonly used terms pertaining to certification and credentialing is found in Table 1.

### Competency

The concept of formally recognizing those pharmacists who are competent and uniquely positioned and equipped to provide an array of patient care services, such as comprehensive disease state management, is a recent event. Of course, a key aspect of this concept is the individual pharmacist's desire to assume new patient care roles in pharmacy practice, and to make a commitment to fulfilling these roles.<sup>2</sup>

In the broad sense, much of this issue has to do with the determination of a pharmacist's competency from the standpoint of evolving patient care activities, and provision of pharmaceutical care. The concept of formal recognition by organizations, government, and other healthcare professionals relates to the compe-

tency of a pharmacist to conform to the currently expected standard of practice, and to also conform to evolving expectations for a higher standard of practice, particularly in the area of patient care services. The issue of competency of pharmacists and other healthcare professionals has been debated in a variety of forums. The concept of continuous measurement of competency during the course of a career, through testing and other means (eg, portfolio review), has been proposed for many professions, including pharmacy, and accepted by some.

The competency issue has been addressed through state initiatives mandating that pharmacists obtain a certain number of continuing education credits to be eligible for relicensure. While this may assist pharmacists in their efforts to maintain competency, it typically is not accompanied by any method to determine the actual amount of contribution it makes to a pharmacist's overall competency for practice. While continuing education is important and of value, assuring competency of pharmacists is not its purpose.<sup>2</sup>

Traditionally, determination of a pharmacist's competency to

**Table 1.** Glossary of Terms

Certificate Program	Structured and systematic post-graduate educational and training experiences for pharmacists that are generally small in magnitude and shorter in time than degree programs, and that impart knowledge, skills, attitudes, and performance behaviors designed to meet specific pharmacy practice objectives. <sup>3</sup>
Certification	A voluntary process by which a practitioner's training, experience, and knowledge are identified as meeting or surpassing a defined standard beyond that required for licensure. The purpose of certification is to protect the public's health and to advance the provision of pharmaceutical care. <sup>4</sup>
Competency	The quality or state of being competent. The term competent generally means properly or well qualified, capable, adequate for the purpose, and sufficient. <sup>5</sup>
Credentialing	Action by which an agency attests to an individual's ability to meet a set of standards. <sup>5</sup>
Credentials	Documentary evidence of a person's authority; commonly in the form of letters, licenses, or certificates which on their face indicate the authority and capacity of the bearer. <sup>6</sup>
Licensure	The process by which an agency of government grants permission to an individual to engage in a given occupation upon finding that the applicant has attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonably protected. <sup>7</sup>
Pharmacy Specialist	A pharmacist who demonstrates a level of knowledge and skill in a specialized area of pharmacy practice beyond that required for licensure.

practice has been the responsibility of the state boards of pharmacy. Pharmacist competency is first measured by the board of pharmacy through the examination for initial licensure as a pharmacist. Thereafter, the board contributes to continuing pharmacist competency through enforcement of any mandatory continuing education requirements that may exist in the state and assuring that pharmacists adhere to state and federal laws.<sup>2</sup>

Recently, boards of pharmacy have begun to discipline pharmacists for conduct related to the drug use review and patient counseling provisions of the Omnibus Budget Reconciliation Act of 1990 (OBRA '90) and subsequently enacted state law pursuant to OBRA '90. As an example, boards have disciplined pharmacists for failing to effectively identify and/or resolve potential drug therapy problems while conducting formal prospective drug use review. This basis for disciplinary action is to be distinguished from failing to conduct prospective drug use review or offer patient counseling at all. The former is an issue of competency, while the latter is an issue of noncompliance with the law.

#### Continuing Competency of Pharmacists

A number of initiatives are being proposed to determine the continuing competency of pharmacists for practice. For example, the Washington Board of Pharmacy is exploring a pilot program designed to measure pharmacists' continuing competency. A key component of the pilot program is to have community pharmacists maintain a quality assurance program in which they keep materials related to quality assurance issues. For example, pharmacists would document interventions on prescriptions where they have identified a potential drug therapy related problem. The board inspectors would then examine the folders to determine if pharmacists are in fact identifying and resolving drug therapy related problems appropriately (personal communication, Washington Board of Pharmacy, 1996).

The debate on pharmacist competency has also been addressed by the American Pharmaceutical Association (APhA). The APhA House of Delegates, at its meeting in March 1995, adopted a policy on pharmacists' continuing competence (Table 2).<sup>8</sup>

Most recently, the National Association of Boards of Pharmacy announced that it is developing a "competency examination" for use by state boards of pharmacy, at the individual boards' discretion. The results of the examination would be provided to individual pharmacists to assist them in identifying areas for attention and improvement.

#### Pharmacist Competency and Managed Care

The issue of a pharmacist's competency will continue to grow in importance due to a number of factors. One factor is managed care, and particularly managed care that utilizes capitated reimbursement methodologies. Pharmacists who cause financial loss to a managed care organization through ineffective patient care, either in capitated or fee-for-service methodologies, will not be desired for inclusion in the provider network. This point was acknowledged in 1995 by Todd Guinn, as director of network development for PCS Health Systems, when he stated that pharmacy benefit management companies will in the future use performance to attract and maintain clients. He further indicated that to encourage good performance by pharmacists, management companies will mete out rewards by fast, sophisticated computerized analyses that compare pharmacies using wide-ranging data and criteria.<sup>9</sup> But just as management companies will mete out rewards, they will also mete out penalties where appropriate. Managed care is concerned with patient satisfaction with care as well as the quality of care. Since 1995, Guinn's statement has been supported by the growing use of "report cards" in measuring quality of care and growing acceptance of the Health Plan Employer Data and Information Set (HEDIS).

**Table 2.** American Pharmaceutical Association (APhA) Policy on Assuring Pharmacists' Continuing Competence in Contemporary Practice<sup>8</sup>

1.	APhA reaffirms its policy, adopted in 1975, which advocates that pharmacists maintain their professional competence throughout their professional careers.
2.	APhA recommends that employers evaluate prospective and current pharmacist employees based on demonstrated competencies in pharmaceutical care and experience, in addition to education
3.	APhA will develop and implement curricular-based continuing education programs leading to certificates of competence in pharmaceutical care
4.	APhA will convene a task force to develop and implement a voluntary program that enables pharmacists to assess and improve their continuing professional competence.

Are the pharmacists who provide the services to their patients competent? If so, how does the managed care organization know that the pharmacists are competent? Is licensure enough? Not in today's world! The managed care organization has to know that the pharmacists are capable of providing the services that they say they can provide. Board certification is one method of assuring a level of knowledge and skill of a pharmacist in a variety of areas.

### Board Certification

For pharmacists evaluating whether or not to obtain specialty certification in pharmacy, they should be mindful of the fact that some forms of certification by medical specialty boards have become so widely accepted that it is difficult to practice without being board certified.<sup>10</sup> This is also true for other professionals such as nurse practitioners, engineers, and accountants. And with the recent launching of the national pharmacy technician certification examination, certification of personnel employed in a pharmacy is no longer limited to just pharmacists.

Those supporting the concept of board certification argue that it will serve to raise industry standards and improve the quality of work by identifying qualified individuals in the field in question. Will the same benefit and value be achieved through pharmacist board certification?

The Board of Pharmaceutical Specialties (BPS) was established in 1976 by the APhA to respond to the evolving needs of patients and other healthcare professionals. The mission of BPS is "to recognize specialty practice areas, define skills standards for recognized specialties, and evaluate the knowledge and skills of individual pharmacy specialists."<sup>11</sup> The BPS has four primary areas of responsibility:<sup>11</sup> (1) recognizing specialty practice areas using specific cri-

teria developed for this purpose; (2) setting standards for the certification of pharmacy specialists; (3) granting certification in recognized specialty practice areas; and (4) serving as an information clearinghouse and coordinating organization for pharmacy specialties. Board certification provides an objective, independent process by which pharmacists can demonstrate specialized knowledge and skill.<sup>12</sup>

There currently are five specialties in pharmacy that are recognized by BPS. Table 3 provides a list of the specialty areas including the year the specialty was recognized and the number of practicing board certified specialists in each area as of January, 1997.<sup>12</sup>

### Structure of BPS

The Board of Pharmaceutical Specialties (BPS) is a nine-member board with six pharmacist members, two members from other health professions, and one nonhealth profession member. Terms are for three years with the option to serve a second three-year term. Board members are appointed by the Board of Trustees of the APhA upon the recommendation of the BPS. The chairperson of each specialty council and the Executive Director of the Board are ex officio, nonvoting members of the BPS.<sup>11</sup>

Each of the recognized specialties has a specialty council comprised of nine members total; six are from the specialty and three are from outside the specialty. The specialty councils have the responsibility of developing the board examinations, conducting periodic delineation studies of their respective specialty, recommending the specialty's recertification process, and establishing criteria for eligibility to sit for an examination.

### Acquiring Board Certification

For pharmacists to be eligible to take a specialty board examination they must meet the following criteria:<sup>12</sup>

- Hold an entry level (BS or PharmD) pharmacy degree;
- Have a valid and current pharmacy license;
- Have a defined amount of additional experience as given in Table 4.
- Pass the examination.

Board examinations are given once a year. A candidate's guide and other information may be obtained by writing to the BPS (2215 Constitution Avenue NW Washington, DC 20037-2985; 1-800-237-2742).

**Table 3.** Board Certified Pharmacy Specialists as of January, 1997

Specialty	Year Recognized	Number of Certified Specialists
Nuclear Pharmacy	1978	366
Nutrition Support Pharmacy	1988	458
Pharmacotherapy	1988	1,092
Psychiatric Pharmacy	1992	159
Oncology Pharmacy	1996	First exam under development
<b>Total Board Certified Pharmacy Specialists = 2,075</b>		

### Who Benefits from Board Certification?

Board certification as a specialist in any of the five recognized specialties offers significant potential benefits and tremendous value to patients, employers, the healthcare system, the public, other healthcare professionals, payers, and the pharmacist who gains certification. Those pharmacists who attain board certification are well-educated health professionals who have demonstrated their ability to identify, resolve, and prevent drug therapy problems in their respective practice areas. These pharmacists exhibit a very high level of commitment to their practice and to the patients they serve. The rigor of the board certification process assures the pharmacist's employer and others of the knowledge base and skill level of the certified pharmacist. Specialty certification is also a means of assuring other healthcare professionals of the pharmacist's education and practice accomplishments.<sup>15-17</sup>

### Recognition of BPS Certification

BPS certified pharmacists have been recognized for their advanced preparation and knowledge level by federal agencies, colleges and schools of pharmacy, and boards of pharmacy. Table 5 lists the benefits of BPS certification to a pharmacist and Table 6 lists those agencies that formally recognize BPS certification.

"Specialization in the healing arts is unique because it places the needs of the person receiving care at the center of concern," says Leonard Fenninger, a physician who has been active in specialty certification in medicine and pharmacy for much of his career, spanning nearly 50 years.<sup>18</sup> As we move further into the era of managed care, the main purpose of specialization is to improve the quality of care individual patients receive, to increase their chances of positive therapeutic outcomes and to improve patients' quality of life and satisfaction with the care they receive.

### Other Certification Programs in Pharmacy

In addition to the BPS certification process, some pharmacists have sought certification in areas not recognized by BPS as specialties. Examples of these other areas include becoming a certified diabetes educator and becoming a certified fitter of orthotic devices and supports. Whether pharmacists have been certified in one or more of these areas, they are likely to be

aware of the fact that obtaining such certification requires a commitment to additional education and skill development, including attending courses and experiential training. But more importantly, they are aware of the value that obtaining such certification represents in terms of positioning a pharmacy in a competitive healthcare market and creating opportunities for additional revenue for the pharmacy. This value of certification can be projected for specialty pharmacy certification as it continues to evolve.<sup>2</sup>

Disease- or practice-specific certification programs in areas such as parenteral technology, diabetes, asthma, depression, cardiovascular disease, anticoagulation therapy, lipid therapy, geriatric practice, and compounding currently exist. These programs do not meet the rigor of board certification, but are valuable in preparing pharmacists to meet the needs of the patients they serve. These programs vary in length, intensity, teaching methodology, and whether the participants are tested for competency. Also, there is not currently an accreditation body or process available to evaluate the effectiveness of these programs. A number of universities have devel-

**Table 4.** Eligibility Requirements to Sit for Specialty Examination

Nutrition Support <sup>13</sup>	Pharmacist must have completed a specialty residency or fellowship plus 1 year of practice or have 3 years of practice with a focus in nutrition support.
Pharmacotherapy <sup>14</sup>	Pharmacist must have a BS plus 5 years of practice or complete a residency plus 3 years of practice or have a PharmD plus a residency or a PharmD plus 3 years of practice. Practice must have a focus on patient care activities in pharmacotherapy.
Psychiatric Pharmacy <sup>11</sup>	Requires a psychiatric pharmacy residency plus 1 year of practice or 4 years of practice with substantial time spent in psychiatric practice.
Oncology Pharmacy <sup>11</sup>	Requires 3 years of practice with a substantial amount of time in oncology or have completed an oncology specialty residency plus 1 year of practice.
Nuclear Pharmacy <sup>11</sup>	Requires 4,000 hours of education and/or practice in nuclear pharmacy.

**Table 5.** Specific Benefits of Board Certification

US Nuclear Regulatory Commission	Specialists may be licensed as Radiation Safety Officers and/or recognized as Authorized Users
US Department of Defense	Specialists receive a higher rate of pay.
US Department of Veterans Affairs	Specialists are at a higher pay scale.
US Public Health Services	Specialist receive higher rate of pay
New Mexico Board of Pharmacy	Specialists may apply for specified prescribing privileges
Universities of Washington and New Mexico	Specialists obtain waiver of some didactic courses in the external PharmD program

Over the years, a complex system of licensing and credentialing has been developed in an effort to assure that those engaged in the delivery of healthcare are properly qualified. There currently exist many public and private credentialing methods, most of which are directed to physicians and certain institutions. Public credentialing is represented, for example, by licensure of the individual healthcare professional or institution.

oped programs with competency examinations to determine the knowledge base of the practitioner in a given area. Currently, discussions are underway among the various national pharmacy organizations to address this issue.

**Pharmacy Credentialing**

A recent radio advertisement sponsored by a health benefits insurance carrier pointed out that it offered a "network of credentialed physicians." While advertisements referring to having a network of credentialed pharmacists have not been similarly promoted, such may be reasonable expectation for the future. But although not promoted to this extent, some networks of pharmacy providers do require credentialing of pharmacies before inclusion in the network.

Private credentialing methods include accreditation of educational programs, certification of individuals (discussed above), and credentialing by institutions or organizations.<sup>19,20</sup>

Credentialing of physicians, pharmacists, and other healthcare professionals is a topic that has received significant attention over the past few years.<sup>19-25</sup> Specific to the pharmacy profession, consideration of a national credentialing process for pharmacists and/or pharmacies has been ongoing for several years. The result has been a growing consensus that the pharmacy profession should establish its own credentialing and accreditation body similar to the Joint Commission on Accreditation of Health Care Organizations for health maintenance organizations, home healthcare agencies, and hospitals. Given the increasing demand for quality assurance, payers may look more and more to allowing only those providers that have been credentialed into the provider network. Such a development would clearly stimulate establishment of a national credentialing process for pharmacy.

**Table 6.** Other Agencies Recognizing BPS Certification

American Association of College of Pharmacy
American College of Clinical Pharmacy
American Pharmaceutical Association
American Society of Consultant Pharmacists
American Society of Health-System Pharmacists
American Society for Parenteral and Enteral Nutrition
National Association of Boards of Pharmacy
Ordre des Pharmaciens du Quebec
Society of Infectious Disease Pharmacists
Society of Hospital Pharmacists of Australia

**Conclusion**

We hope this article has provided insight into the issues of pharmacist competency, board certification, and credentialing. The future holds greater expectations for the patient care roles the pharmacist will fulfill and the level of quality that will be required to deliver patient-focused pharmaceutical care.

Recognizing this reality of the future, pharmacists must understand the importance of being positioned to meet these expectations. Fortunately, the opportunities for demonstrating competency through obtaining appropriate certification and/or credentialing

are numerous and not beyond the pharmacist's reach. Even more, the value of the roles the pharmacist will fulfill through competency in patient care services will continue to be recognized by managed care organizations and others. The ultimate goal is to improve patient care through the certification of pharmacists.

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**CONTINUING PHARMACY EDUCATION**

**Instructions for Self-Assessment Examination**

After reading the article, "Competency, Board Certification, Credentialing, and Specialization: Who Benefits?," select the best answer to each of the following questions and record the answers on the answer sheet provided. Participants who answer 14 or more of the questions correctly will receive a certificate for 2 contact hours (0.2 CEUs) of continuing education credit. There is a \$15 processing fee for this program. Please note that photocopies of the answer sheet will not be accepted; send originals only. The program expires 6/30/2000.

1. "The process by which an agency of government grants permission to an individual to engage in a given occupation upon finding that the individual has attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonably protected" is the definition of
  - a) certification
  - b) credentialing
  - c) licensure
  - d) board certified specialization
  
2. Which of the following best describes the present status of formal recognition of pharmacists with special competencies who are uniquely positioned and equipped to provide an array of patient care services, such as comprehensive disease state management?
  - a) formal recognition of pharmacists is not needed according to market research
  - b) formal recognition of pharmacists is of no value to patients
  - c) formal recognition of pharmacists is of no value to managed care organizations
  - d) formal recognition of pharmacists is a growing need

3. According to the article, the broader issue associated with formal recognition of pharmacists providing patient care services is:
  - a) a determination of a pharmacist's competency
  - b) the academic degree held by a pharmacist
  - c) the years of practice experience of a pharmacist
  - d) the number of hours of continuing education a pharmacist is required to obtain for relicensure
  
4. A pharmacist's competency for practice in the future will likely relate primarily to:
  - a) the pharmacist's ability to conform to a higher standard of practice, particularly with respect to patient care
  - b) the number of prescriptions the pharmacist can accurately dispense in a given time period
  - c) the number of years of practice experience possessed by the pharmacist
  - d) the academic degree possessed by the pharmacist
  
5. Pharmacist competency is currently addressed by all of the following except
  - a) the examination for initial licensure as a pharmacist
  - b) annual examination prior to relicensure
  - c) mandatory continuing education requirements
  - d) disciplinary actions by state boards of pharmacy
  
6. Which of the following best describes the reason why continuing education does not assure a pharmacist's competency?
  - a) continuing education programs are typically of very low quality
  - b) continuing education is not accompanied by a method for determining the contribution it makes to a pharmacist's overall competency
  - c) the subject matter covered by continuing education is too varied to be of any impact on a pharmacist's competency
  - d) the vast majority of pharmacists do not take continuing education seriously in relation to their competency for practice

(QUESTIONS CONTINUED ON FOLLOWING PAGE)

**Competency, Board Certification, Credentialing, and Specialization: Who Benefits?**

(PLEASE PRINT CLEARLY)

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

States in which CE credit is desired: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**Please circle your answers:**

- |            |             |             |             |
|------------|-------------|-------------|-------------|
| 1. a b c d | 6. a b c d  | 11. a b c d | 16. a b c d |
| 2. a b c d | 7. a b c d  | 12. a b c d | 17. a b c d |
| 3. a b c d | 8. a b c d  | 13. a b c d | 18. a b c d |
| 4. a b c d | 9. a b c d  | 14. a b c d | 19. a b c d |
| 5. a b c d | 10. a b c d | 15. a b c d | 20. a b c d |

Please complete the Program Evaluation on the reverse side, and send with \$15 fee, payable to University of Tennessee, to:  
 Dr. Glen Farr  
 University of Tennessee College of Pharmacy  
 600 Henley Street, Suite 213  
 Knoxville, TN 37902



(continued from previous page)

7. Assuring a pharmacist's competency for practice has traditionally been primarily the responsibility of
- a) state boards of pharmacy
  - b) state pharmacy associations
  - c) national pharmacy associations
  - d) a pharmacist's employer
8. Which of the following national pharmacy association's "House of Delegates" has adopted a policy that, among other things, advocates that pharmacists maintain their professional competence throughout their professional careers?
- a) American Pharmaceutical Association
  - b) American Society of Health-System Pharmacists
  - c) National Association of Boards of Pharmacy
  - d) American Council on Pharmaceutical Education
9. Which of the following national pharmacy organizations is currently developing a continuing competency examination for licensed pharmacists?
- a) American Pharmaceutical Association
  - b) American Society of Health-System Pharmacists
  - c) National Association of Boards of Pharmacy
  - d) American Council on Pharmaceutical Education
10. The state board of pharmacy in which of the following states is exploring a pilot program designed to measure pharmacists' continuing competency?
- a) Tennessee
  - b) Washington
  - c) Mississippi
  - d) California
11. Which of the following is not included in the American Pharmaceutical Association policy on pharmacists' continuing competence?
- a) APhA reaffirms its policy, adopted in 1975, which advocates that pharmacists maintain their professional competence throughout their professional careers
  - b) APhA recommends that employers not evaluate prospective and current pharmacist employees based on demonstrated competencies in pharmaceutical care and experience, in addition to education; such being best reserved with state boards of pharmacy
  - c) APhA will develop and implement curricular-based continuing education programs leading to certificates of competence in pharmaceutical care
  - d) APhA will convene a task force to develop and implement a voluntary program that enables pharmacists to assess and improve their continuing professional competence
12. Which of the following factors is not cited in the article as contributing to the growing importance of a pharmacist's competency?
- a) the presence of managed care, and particularly managed care that utilizes capitated reimbursement methodologies
  - b) support for the continuing effort by the pharmacy profession to secure compensation for patient care services
  - c) disciplinary actions by Boards of Pharmacy
  - d) a surplus of licensed pharmacists
13. The Board of Pharmaceutical Specialties was established by which of the following national pharmacy associations?
- a) American Pharmaceutical Association
  - b) American Society of Health-System Pharmacists
  - c) National Association of Boards of Pharmacy
  - d) American Council on Pharmaceutical Education
14. Of the following, which is likely to be most directly and significantly impacted by a higher expectation of a pharmacist's competency in the future?
- a) employers of pharmacists
  - b) other healthcare professionals
  - c) managed care organizations
  - d) patients
15. Which of the following is not one of the four primary areas of responsibility for the Board of Pharmaceutical Specialties?
- a) develop certificate courses in specialty practice areas
  - b) recognize specialty practice areas
  - c) set standards for the certification of pharmacy specialists
  - d) grant certification in recognized specialty practice areas

(QUESTIONS CONTINUED ON PAGE 807)

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### CPE PROGRAM EVALUATION

Please answer all of the following questions and return this evaluation with your Continuing Education answer sheet. Note that completion of this evaluation is not required in order to receive credit for this course; your participation is completely voluntary. Your responses will in no way affect your score; they will remain anonymous and will be held in strict confidence at all times. Thank you for your assistance.

Please circle your answers:

My pharmacy practice setting is:	Independent	Chain	Hospital	Consultant
The objectives of the lesson were achieved	Yes	No		
The quality of presentation of the material was:	Excellent	Good	Fair	Poor
The information presented will be useful to me in my practice.	Strongly agree	Mildly agree	Mildly disagree	Strongly disagree

How long did it take you to read the material and respond to the Continuing Education questions: (Please specify the number of hours.)  
\_\_\_\_\_

Please send this evaluation, along with your answer sheet and \$15 check payable to University of Tennessee, to:

Dr. Glen Farr  
University of Tennessee College of Pharmacy  
600 Henley Street, Suite 213  
Knoxville, TN 37902

16. Which of the following is an example of a nonpharmacy specific certification that has been obtained by some pharmacists?

- a) certified diabetes educator
- b) certified self-care consultant
- c) certified patient counselor
- d) certified physician consultant

17. Which of the following is not one of the specialties currently recognized by the Board of Pharmaceutical Specialties?

- a) nutrition support pharmacy
- b) nuclear pharmacy
- c) oncology pharmacy
- d) infectious disease pharmacy

18. As of January 1997, the Board of Pharmaceutical Specialties had granted certification to how many pharmacy specialists?

- a) 8750
- b) 5575
- c) 2075
- d) 1025

19. Which of the following is not one of the recognized benefits of obtaining board certification?

- a) higher rate of pay
- b) recognition for performing certain roles, such as prescribing privileges
- c) obtain waiver of some course requirements in an external PharmD degree program
- d) waiver of continuing education requirements for relicensure

20. The competency of a pharmacist, after graduation with a pharmacy degree, is first measured by

- a) the state board of pharmacy
- b) the state pharmacists' association
- c) managed care organizations
- d) pharmacy malpractice insurance companies

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