# Credentialing and privileging of pharmacists: A resource paper from the Council on Credentialing in Pharmacy

Council on Credentialing in Pharmacy

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## Executive summary

Processes for the credentialing and privileging of health professionals are of increasing importance and value to the U.S. health care system and to society. As efforts continue to provide and reward more efficient, affordable, and higher quality health care (the "triple aim" described by Berwick et al.[1]), the ability to ensure the capabilities and competence of the health professionals, including pharmacists, who practice within an increasingly complex and sophisticated system has become both more relevant and essential.

Currently, all U.S.-educated pharmacists attain a fundamental set of credentials to qualify to enter practice—an accredited professional pharmacy degree and a license awarded upon successful completion of a national postgraduation examination administered by the National Association of Boards of Pharmacy on behalf of state boards of pharmacy. This process provides an established framework to assure stakeholders of the ability of pharmacists to provide care and services that reflect sound, entry-level practice. However, evolving patient care and health system needs and demands have heightened the requisite skills needed by pharmacists to deliver more complex services. Ongoing professional development and competency assessment are integral parts of health professionals' expectations to maintain a contemporary practice. This resource guide on the credentialing and privileging of pharmacists has been developed to supplement the Council on Credentialing in Pharmacy (CCP)[a] Guiding Principles for Post-licensure Credentialing of Pharmacists[2] and to assist those who are introducing or enhancing a credentialing and privileging system for pharmacists within their health care settings. CCP does not provide the guide for use as a standard of practice nor intends to represent the content as best or expected practices.

## Purpose of credentialing and privileging

The purpose of a "credentialing process" is to document and demonstrate that the health care professional being evaluated has attained the credentials and qualifications to provide the scope of care expected for patient care services in a particular setting. The purpose of a "privileging process" is to assure stakeholders that the health care professional being considered for certain privileges has the specific competencies and experience for specific services that the organization provides and/or supports. Credentialing and privileging have distinct purposes but are closely related processes that may overlap or occur in a coordinated fashion.[3,4]

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This resource paper is dedicated to the memory of Janet L. Teeters, M.S., RPh, Director of Accreditation Services at the American Society of Health-System Pharmacists, for her significant and valued contributions to the Council on Credentialing in Pharmacy.

This resource paper draws extensively from a document commissioned by CCP and originally developed by Kimberly Galt, Pharm.D., Ph.D., of Creighton University. Special thanks are extended to Dr. Galt for her foundational contributions to the paper.

The coauthors of the completed resource paper are Michael J. Rouse, B.Pharm. (Hons), M.P.S., Assistant Executive Director, Professional Affairs, and Director, International Services, Accreditation Council for Pharmacy Education; Peter H. Vlasses, Pharm.D., BCPS, FCCP, Executive Director, Accreditation Council for Pharmacy Education; and C. Edwin Webb, Pharm.D., M.P.H., Associate Executive Director, American College of Clinical Pharmacy.

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Credentialing and privileging are tailored to the complexity of services being provided at the setting.

Credentialing and privileging processes are designed to foster and facilitate ongoing quality improvement in individual performance using periodic peer review as a method of evidence-based evaluation. It should be noted that these processes are evolving quickly from paper-based systems to electronic systems to actively monitor, measure, and improve clinical staff performance across a health care enterprise. It is typical for peer experts to establish competencies at the local level for specific patient care services for which privileges are granted. Peer experts are also used to establish the performance review standards for these services and to continually update and maintain the current standards of performance for the specific services the credentials represent.

In addition to their professional degree program and licensure, many pharmacists attain further specific skills and expertise to provide patient care services through postlicensure education and experiences, residency training, and certification processes. It is in the context of this framework of such postprofessional development that the processes of credentialing and privileging have increasing relevance and value.

## Credentialing

**What is a credential?** A credential is documented evidence of professional qualifications. Academic degrees, state licensure, residency certificates, training certificates, statements of continuing-education credit, and board certifications are all examples of credentials. Credentials are most commonly earned within a professional domain (e.g., the license to practice a profession). Credentials are also earned by individuals from different professions with diverse backgrounds who have attained focused expertise in a particular disease or knowledge domain. Examples include Certified Diabetes Educator (CDE), Certified Asthma Educator, and Certified Professional in Electronic Health Records. CCP has compiled a list of certification programs offered to pharmacists.[5] To avoid confusion of terminology, CCP has further characterized various credentials in pharmacy as follows:[6]

- A *certificate* is a document issued to an individual after the successful achievement of a predetermined level of performance in an education and/or training program (e.g., an immunization training program, a pharmacy residency, a fellowship).
- A *statement of continuing-education credit* is a document issued to an individual after the completion of a continuing pharmacy education (CPE) activity provided by an organization accredited by the Accreditation Council for Pharmacy Education (ACPE). "Statement" is used to avoid confusion with the definition of certificate noted above and certification as described below. Statements of credit can be provided for knowledge-, application-, or practice-based CPE activities.
- *Practice-based CPE activities* are designed to allow pharmacists to systematically acquire specific knowledge, skills, attitudes, and performance behaviors that expand or enhance practice competencies. The formats of these CPE activities include both a didactic and a practice component. The minimum credit for these activities is 15 contact hours.
- *Certification* is a voluntary process by which a nongovernmental agency or an association grants recognition to an individual who has met certain predetermined qualifications specified by that organization. This formal recognition is granted to designate to the public that the individual has attained the requisite level of knowledge, skill, and/or experience in a well-defined, often specialized, area of the total discipline. Certification usually requires initial assessment and periodic reassessments of the individual's knowledge, skill, and/or experience.

**What is credentialing?** Credentialing refers to one of two processes. The first is the process of granting a credential—a designation that indicates qualifications in a subject or area. Examples of credentialing are granting a practitioner the license to practice or granting board certification. The second is the process by which an organization or institution obtains, verifies, and assesses an individual's qualifications to provide patient care services. This may be as straightforward as verifying professional licensure, or it may be more complex, such as assessing the clini-

preparation: Anne L. Burns, RPh, Vice President, Professional Affairs, American Pharmacists Association; Janet Teeters, RPh, M.S., Director of Accreditation Services Division, American Society of Health-System Pharmacists; David R. Witmer, Pharm.D., Senior Vice President and Chief Operating Officer, American Society of Health-System Pharmacists; and William Ellis, RPh, M.S., Executive Director, Board of Pharmacy Specialties.

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Address correspondence to Anne Burns, RPh, Secretary/Treasurer, Council on Credentialing in Pharmacy, c/o American Pharmacists Association, 2215 Constitution Avenue, NW, Washington, DC 20037 (aburns@aphanet.org).

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cal experience and preparation for specialty practice beyond the assurances of professional licensure within a local organization (e.g., hospital, community clinic, home care service). The processes for credentialing vary by institution and organization.

## Guiding principles for postlicensure credentialing of pharmacists

CCP has identified eight guiding principles for postlicensure credentialing of pharmacists.[2] In summary, these guiding principles state:

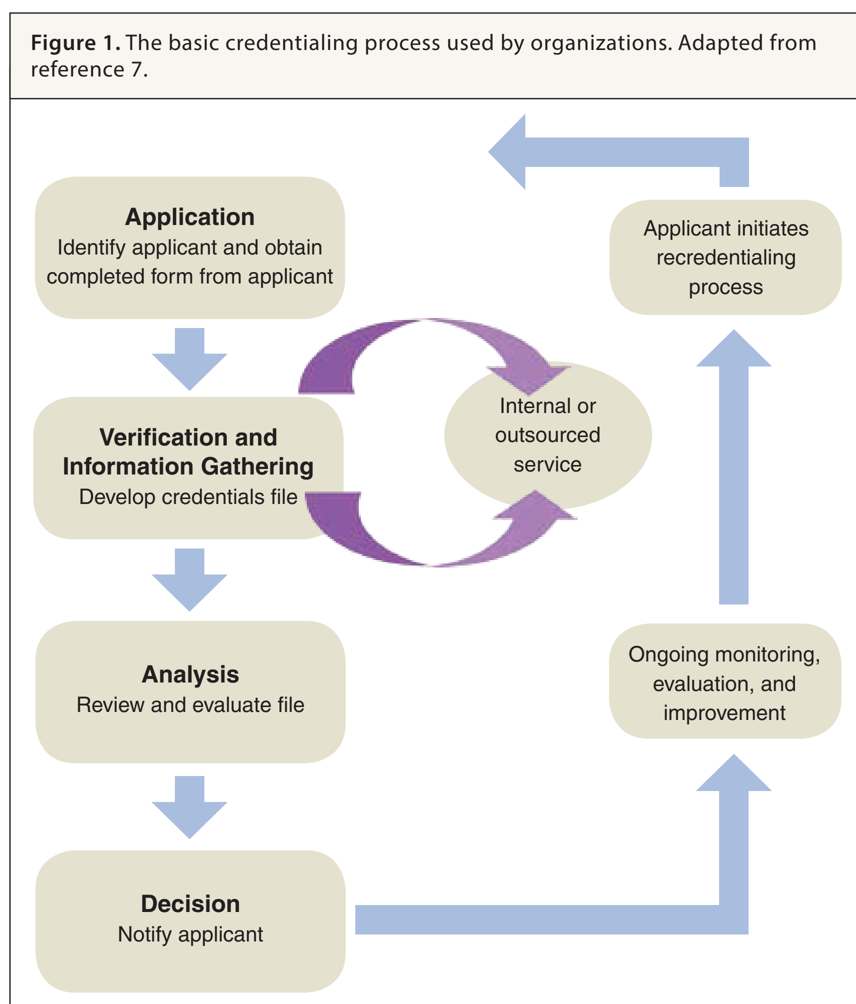
1. Licensure of pharmacists should ensure entry-level knowledge, skills, attitudes, and values for the provision of services and information regarding medications and their proper use to a wide variety of patients. Postlicensure credentials for pharmacists should build on this foundation.
2. Credentialing programs should be established through a professionwide, consensus-building process. Credentials should be based on demonstrated patient/societal need.
3. Within the pharmacy profession, there should be active coordination of and alignment between professional education, postgraduate education and training, and credentialing programs.
4. All credentialing (i.e., credential-granting) programs should be accredited. Certification programs must be psychometrically sound, must be legally defensible, and should be accredited.
5. All postgraduate education, training, and credentialing programs should include assessments that measure the attainment of the required level of competence.
6. Through stakeholder education, credentials should enable pharmacists to obtain specific patient care privileges. Credentials should not create barriers to the provision of any services pharmacists provide to their patients.
7. Pharmacists should be expected to participate in credentialing and privileging processes to ensure they have attained and maintain needed competency.
8. Employers and payers should be encouraged to adopt and implement their own credentialing and privileging processes for pharmacists to determine and authorize the patient care responsibilities.

## How individuals are credentialed

Health care organizations such as hospitals and health plans, as well as corporate and individual pharmacy operations, commonly have in place internal credentialing processes. Credentialing may occur through a department within an organization specifically tasked with this process (e.g., human resources) or it may occur at the time of hiring and documentation of performance review. No matter the model, the organization confirms the individual professional's information and makes an independent credentialing decision about each individual for the organization. Individuals who satisfy the credentialing requirements for employment are eligible then for hire or for specific job responsibilities. An overview of the basic credentialing process steps that could apply in any organization is shown in Figure 1. Credentialing is not a one-off event at the time of hiring. As indicated, the steps apply to the initial credentialing as well as the recredentialing process.

**Application.** The credentialing process is commonly initiated using an application checklist. The

**Figure 1.** The basic credentialing process used by organizations. Adapted from reference 7.



individual pharmacist applies for employment or subsequently for recredentialing. The typical contents of the initial application for pharmacist employment might include

- A completed application with all questions answered,
- Proof of professional liability coverage, if required for the position,
- Signed release allowing the organization to verify credentials,
- Signed and dated application attestation, and
- Education and work history.

Professionals administering credentialing programs have recognized that allied health disciplines such as pharmacy generally practice in a dependent manner within a scope of practice that can be described in a job description. A common tool used by multiprofessional organizations in allied health credentialing is to define the core competencies and skills and create a competency and skills assessment checklist. These checklists should be completed and retained by the organization.[8]

**Verification.** The pharmacist's application is reviewed by human resources and/or a credentialing department, and the primary sources of documentation of credentials are verified. Primary source verification is documentation from the original source of a specific credential that verifies the accuracy of a qualification reported by an individual health care practitioner. This can be documented in the form of a letter, documented telephone contact, or secure electronic communication with the original source. Information that is verified may include licensure from licensing boards; professional liability coverage (if required); all levels of education, training, and certification as applicable to the provider or facility type; and investigation of any disciplinary actions by state licensing boards. Some organizations will conduct this review themselves, and some will outsource the verification process to experts who complete this process on behalf of the organization. In any case, this information is compiled and a credentialing file is established for each individual pharmacist who applies.

**Analysis and decision.** Once the credentialing file is complete, a process to review and evaluate the information occurs. Some organizations have created multidisciplinary committees to review and authorize the credentials of health professionals who are not physicians. A decision is made regarding the candidate's success in meeting the minimum requirements for the credentials to become a member of the credentialed staff. This may serve to meet requirements for eligibility for hire or recredentialing. The pharmacist is notified of the decision.

**Periodic reappraisal.** Credentials are reappraised at specified intervals determined by the organization and guided by various standards (i.e., accreditation, regulations, or laws). Performance monitoring and evaluation occur as ongoing activities throughout the practitioner's employment; however, a formal reappraisal is part of the quality-improvement process and occurs commonly every two years in many organizations.

**Individuals' rights during the credentialing process.** In general, applicants will have the right to review information gathered during the application process, ask about the status while in process, and correct any information that is not accurate. If there are major discrepancies between an individual's application and information obtained for verification from other sources, an opportunity should be provided to the individual to explain the discrepancy. Some processes include an appeal process if an unfavorable decision about credentialing is made from the organization. It is not lawful for information from the National Practitioner Data Bank or information that is considered to be peer-review protected to be released back to the individual during the credentialing process.

**Ensuring continuing competence.** Individual pharmacists and employers have a stake in ensuring continuing competence. The individual pharmacist must be aware of the need for continuing professional development and must assume personal responsibility for currency of knowledge and skills. Pharmacists must be willing to have their practice and performance reviewed and evaluated by their peers. The employer carries out the requirements of accrediting bodies to assure stakeholders of the ongoing competencies of employees. The practice setting can influence the level of competencies that needs to be maintained.

## Privileging

**What is a privilege?** A privilege in this context is permission or authorization granted by a hospital or other health care institution or facility to a health professional (e.g., physician, pharmacist, nurse practitioner) to render specific diagnostic, procedural, or therapeutic services. Privileges are often of different types, such as admitting privileges, which give the professional rights to admit patients, or clinical privileges, which give the professional the right to treat. Examples of privileges for pharmacists include pharmacokinetic dosing in hospitals and ordering laboratory tests as well as monitoring and adjusting anticoagulants.

**What is privileging?** Privileging is the process by which a health care organization, having reviewed an individual health care provider's credentials and performance and found them satisfactory, authorizes that individual to perform a specific scope of patient care services within that organization.[b] Authority is granted based on establishing that the person has demonstrated competence to provide these services,

the services are within the scope of provision of the organization, and the organization can support their delivery.[c] Clinical privileges are both facility specific and individual specific. Privileging is usually a local process involving the review of an individual professional's credentials and performance.

## How individuals are granted and retain privileges

**Initial privileges.** The individual initiates privilege requests. Organizations provide an application to be completed. The applicant submits a request for the specific clinical privileges desired and establishes possession of the competencies to justify the clinical privileges request. The applicant's request for clinical privileges is reviewed. An established committee of peers or collaborators (often referred to as the Credentials Review or Privileging Committee) or an expert in the privileging area requested will typically perform the review. Upon completion of this assessment, the recommendation is forwarded as approval, disapproval, or a modification of the requested clinical privileges and the rationale for the conclusions provided. It is common that recommendations identify a time period of direct supervision by an appropriately privileged practitioner when a practitioner has had a lapse in clinical activity or for those procedures that are high risk as defined by the local organization policy. Clinical privileges are based on evidence of an individual's current competence as well as relevant experience and credentials.

**Reappraisal of privileges.** Reappraisal is the process of evaluating the professional credentials, clinical competence, and health status (as it relates to the ability to perform the requested clinical privileges) of practitioners who hold clinical privileges within the facility or organization. Most processes include policies and procedures for reappraisal of privileges. These relate to the scheduled renewal, a change in privileges requested by the applicant, or denial, failure to renew, reduction, and revocation of clinical privileges. The process is based on professional competence, professional misconduct, or substandard care and is generally applied to all health care professionals who hold privileges. The process used for reappraisal is similar to the initial process used to grant privileges. An organization's mission and clinical techniques change over time; therefore, it is expected that clinical privileges also will change in response. Similarly, practitioners may not maintain their practice or gain the experiences needed to ensure competency. In these contexts, practitioners may need to submit a request for modification of clinical privileges.

**Privileged individuals' obligations.** Individuals must take personal responsibility for determining whether the activity or service to be rendered to patients is within their individual scope of practice. As pharmacists gain experience participating in the privileging process, these decisions must be made explicitly and personally before rendering these services. Individuals must accept the organization's rules, regulations, and bylaws and the noted professional obligations and responsibilities. Individuals are expected to be proactive about informing the organization whenever anything is going to affect or limit their ability to uphold the privileges. Individuals are expected to maintain records (e.g., in a personal professional development portfolio) to support documentation for a credentialing file.[9]

**Issues of liability.** There are some issues of liability associated with these processes. The organization that employs professionals exposes itself to confidentiality issues, vicarious liability, potential violations of due process, and negligence. However, these issues also exist through the normal employment process. Overall, the dual processes of credentialing and privileging should reduce risk rather than contribute to it.[10]

## Designing pharmacy credentialing and privileging processes

**Who develops credentialing and privileging criteria?** Expert technical knowledge makes the profession itself best suited to both design and drive the credentialing and privileging processes locally and regionally within employment settings or nationally. This means that pharmacist leadership at the local, regional, and national levels is required to advance the adoption and oversight of the credentialing and privileging processes for all stakeholders. The direct involvement and leadership of the professions responsible for their own delivery of services are an established approach to controlling and maintaining credentialing and privileging when combined with a strong peer-review and performance review system. Pharmacists should cooperate, collaborate, and integrate with existing processes, defining the quality of standards and competencies that credentialing and privileging processes will require of pharmacists. Where no processes exist, pharmacists should lead their development. Some services are provided by several professions. In these cases, pharmacists will need to meet established credentialing and privileging standards and processes.

**Who manages the credentialing and privileging processes?** Alignment of the credentialing and privileging processes should occur between those processes relevant to the professionals' scope and responsibilities of practice and the larger setting in which practice occurs. As such, pharmacist leaders should take the initiative to align their scope of responsibilities and services with the larger practice setting. Usually,

a specific department is responsible for the credentialing and privileging process of an organization or institution. These departments are involved in basic human resources activities as well as organizing the assimilation and verification of credentials. It is typical for this department, or in some cases departments, to be overseen by a medical staff, quality-assurance, or human resources office in larger health systems and organizations or corporations.

**What is accreditation and how does it relate to credentialing and privileging?** Accreditation is a process whereby a professional association or nongovernmental agency grants recognition to a school, organization, or health care institution for demonstrated ability to meet predetermined standards, such as the accreditation of professional degree programs and providers of continuing education by ACPE, residency programs by the American Society of Health-System Pharmacists (ASHP), and hospitals by the Joint Commission. Professionals' credentials to offer advanced or specific services are earned through a certification process (e.g., an educational program that has been accredited). There are several accrediting bodies depending on the focus of the program. A major accrediting body for many health care certification programs is the National Commission for Certifying Agencies.[d] Certain accreditation processes of health care facilities provide standards for credentialing/privileging processes.

**What are considerations when pharmacists are added to existing credentialing and privileging processes?** A process will often need to be designed or modified to accommodate inclusion of pharmacists for credentialing and privileging. The previous section provides an overview of the general processes to be considered when designing a new process for pharmacists or modifying an existing process that can be applied to pharmacists. Some of the factors to consider that are important for pharmacists are pointed out here. At the local level, both individual pharmacists and employers should address these factors:

- *Accredited education and training.* Pharmacy degree programs and continuing-education providers are accredited by ACPE (www.acpe-accredit.org). Residency training programs are accredited by ASHP (www.ashp.org/menu/Accreditation/ResidencyAccreditation.aspx).
- *Employment setting.* The setting affects how the credentialing and privileging processes work. While a large organization may have a dedicated department, a small pharmacy may prefer a contract service if the processes cannot be managed "in-house" by available staff.
- *Model of practice.* Models of practice help define the structure and the scope of services individual pharmacists will provide.
- *Scope of services.* The scope of services allowable through the pharmacist's employment site (following state laws and regulations) is a determinant of the actual patient services a pharmacist is allowed to provide under the employment arrangement.
- *Roles of peer review and process alignment.* Peer review is the accepted approach in the health care industry for the establishment of performance competencies. When feasible, peer review should be incorporated into the process of establishing credentialing standards and assessing performance in the competency areas required for specific privileges as well as in the reappraisal process. Pharmacists should be considered members of peer review panels when pharmacists are eligible for performance competency evaluation for credentialing and privileging.
- *Ongoing assessment and renewal.* An ongoing mechanism for revision of the competencies expected, assessment of these competencies among those who have received privileges, and subsequent renewal needs to be a core part of the credentialing and privileging program.
- *Relevant rules and regulations of the state.* External factors such as rules, regulations, and statutes within each state or credential-granting body may have relevance to the process developed or adopted.[11]

## Examples of pharmacist credentialing and/or privileging programs

Selected examples of pharmacist credentialing and privileging processes that have been described in the literature are summarized below. They describe various settings, roles, scopes of practice, and methods of implementation. As these examples suggest, there is a range of acceptable processes that may be used to assure stakeholders of the quality and competence in patient care delivery by pharmacists. While this listing is not exhaustive, it provides an overview of the various ways credentialing and privileging of pharmacists can be addressed. CCP does not provide the examples as a standard of practice nor intends to represent them as best or expected practices.

**Example of reorganization of hospital clinical pharmacists' positions to be governed by the medical staff and associated program for credentialing.** It is proposed that hospitals use the well-defined process for credentialing and evaluating health care providers that currently exists internally under the bylaws for medical staff members.[12] A change in organizational structure to support clinical pharmacy services as a division of the medical staff would offer the hospital several benefits.

**Example of community pharmacy credentialing and privileging program in Minnesota.** Through an independent pharmacy's credentialing program, a committee verifies that pharmacists possess the requisite credentials to manage and treat patients as licensed pharmacists

(Simenson S, personal communication, 2013 Nov 27). Pharmacist credentials are assessed upon hiring and reassessed on an annual basis. Some pharmacists are privileged through the pharmacy's privileging program to perform expanded medication management services under collaborative practice agreements with a physician clinic.

**Example of community pharmacists trained and credentialed as immunizers in a supermarket pharmacy setting.** A supermarket pharmacy implemented a chainwide pharmacy-based immunization program.[13] Pharmacists participating in the program were required to complete an immunization training program and participate in an injection technique review and practice session before the start of the program.

**Example of internally developed process for credentialing advanced-practice critical care pharmacists.** A multisource evaluation was proposed, using portfolio, specialty-base assessment, and multiple-source peer review.[14] Each candidate was considered individually by the credentialing panel using this evidence and mapped against the Advanced and Consultant Level Framework and the Critical Care Curriculum Framework, and an individual result was proposed.

**Example of credentialing pharmacists as CDEs or Advanced Diabetes Managers—an area where other professions are credentialed.** Pharmacists who wish to become CDEs must have at least 1000 hours of experience in a diabetes educator role over a period of two years and pass a comprehensive exam.[15] Pharmacists are also eligible for the Advanced Diabetes Management (BC-ADM) credential through the American Nurses Credentialing Center.

**Example of credentialing and privileging of ambulatory care pharmacists.** The objective of this project was to design and implement a credentialing model for three ambulatory specialty pharmacy services within a health care system in the Milwaukee metro region.[16] The credentialing process for nursing and medical staff and for pharmacists and other institutions was reviewed and adapted to fit the department's needs. By creating a credentialing and privileging model similar to models used in the medical and nursing professions, the profession of pharmacy has the potential to gain credibility in the interdisciplinary setting.

**Examples of voluntary privileging of hospital pharmacists.** Privileging is the method by which a health care organization authorizes a practitioner to perform a scope of patient care services according to the facility's standard of care. To better recognize pharmacists as providers within the organization, document clinical competencies, and be consistent with other health care providers, a voluntary pharmacist privileging program was created and implemented at a university medical center.[17]

A community teaching hospital established a process to assure stakeholders that five clinical pharmacists maintained shared competencies in a seven days per week, on-call, weekend and holiday coverage therapeutics consultation service.[18] Shared competencies governed through collaborative agreements were established and privileged in the areas of nutrition, pain management, palliative care, pharmacokinetics, and inpatient anticoagulation.

**Examples of privileging and credentialing programs for pharmacists in various settings.** Galt[4] answers the basic questions that pharmacists may have about the privileging and credentialing processes and explains the purposes, terminology, rationale, and processes of clinical privileging. The differences between privileging and credentialing are explained, and background information about the privileging of other health professions is provided. Four different case descriptions of pharmacist privileging and credentialing programs are also provided.

**Example of approaches to the use of collaborative drug therapy management agreements as a component of privileging and credentialing of pharmacists.** Collaborative drug therapy management (CDTM) agreements, sometimes also called collaborative practice agreements, are increasingly used to facilitate the efficient team-based management of effective drug therapy. A recently released publication jointly developed by the Centers for Disease Control and Prevention and the American Pharmacists Association Foundation provides a valuable review, with case examples, of the use of CDTM agreements to facilitate and enhance their potential application to processes of privileging and credentialing of pharmacists.[19]

## Additional resources

Resource documents available from CCP's website (www.pharmacycredentialing.org) include the following:

- List of Certification Programs for Pharmacists (2012)
- Guiding Principles for Post-Licensure Credentialing of Pharmacists (2011)
- Credentialing in Pharmacy (2010)
- Pharmacy Technician Credentialing Framework (2009)
- Scope of Contemporary Pharmacy Practice (2009)
- Guiding Principles for Accreditation of Organizations, Sites, or Programs in Pharmacy (2006)
- Guiding Principles for Certification of Individuals in Pharmacy (2006)
- Continuing Professional Development in Pharmacy: Resource Document (2004)
- Continuing Professional Development in Pharmacy (2004)[e]
- Continuing Professional Development in Pharmacy: Commentary (2004)[f]
- White Paper on Pharmacy Technicians 2002: Needed Changes Can No Longer Wait (2003)

Other resource documents to assist in developing or participating in the credentialing and privileging process are shown below. Several of these resources provide examples of standards, applications, forms, and guidelines for use in credentialing and privileging:

- Blair MM, Carmichael J, Young E, Thrasher K. Pharmacist privileging in a health system: report of the Qualified Provider Model Ad Hoc Committee. *Am J Health-Syst Pharm.* 2007; 64:2373-81.
- Department of Veterans Affairs. Veterans Health Administration handbook 1100.19: credentialing and privileging. www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2910.
- Deutsch S, Mobley CS. The credentialing handbook. Burlington, MA: Jones and Bartlett Learning; 1999.
- Gassiot CA, Searcy VL, Giles CW. The medical staff services handbook: fundamentals and beyond. Sudbury, MA: Jones and Bartlett; 2011.
- Joint Commission Resources. Credentialing and privileging your medical staff: examples for improving compliance. 2nd ed. Oakbrook Terrace, IL: Joint Commission; 2010.
- Roberts A. The essential guide to medical staff reappointment. 2nd ed. Marblehead, MA: HCPro; 2013.
- Watkins AE. Negligent credentialing lawsuits: strategies to protect your organization. Marblehead, MA: HCPro; 2005.
- Youngberg BJ. Managing the risks of managed care. Gaithersburg, MD: Aspen; 1996.

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[a]The Council on Credentialing in Pharmacy (CCP) provides leadership, guidance, public information, and coordination for the profession of pharmacy's credentialing programs. CCP's vision is that all credentialing programs in pharmacy will meet established standards of quality and contribute to improvement in patient care and the overall public health. As part of its core purpose, CCP provides resources to enhance both the profession's and the public's understanding of these issues with respect to the pharmacy profession. CCP maintains a resource library of documents that provide information about the key elements of accreditation, certification, credentialing, and privileging, including the language and taxonomy commonly used in these processes. In-depth discussion regarding these core concepts is found in previously published CCP papers at www.pharmacycredentialing.org as well as the reference listing in this article.

[b]Scope of practice: The boundaries in which a health care provider may practice. For pharmacists, the scope of practice has traditionally been established by the board or agency that regulates the profession within a given state or organization.

[c]Competence: The ability to perform one's duties accurately, make correct judgments, and interact appropriately with patients and colleagues. Professional competence is characterized by good problem-solving and decision-making abilities, a strong knowledge base, and the ability to apply knowledge and experience to diverse patient care situations.

[d]The National Commission for Certifying Agencies (NCCA) was created in 1987 by the Institute for Credentialing Excellence (ICE) to help ensure the health, welfare, and safety of the public through the accreditation of a variety of certification programs and organizations that assess professional competence. Certification programs that receive NCCA accreditation demonstrate compliance with the NCCA's Standards for the Accreditation of Certification Programs, which were the first standards for professional certification programs developed by the industry.

[e]Originally published as Rouse MJ, Continuing professional development in pharmacy, *Am J Health-Syst Pharm* 2004; 61:2069-76.

[f]Originally published as Rouse MJ, Continuing professional development in pharmacy, *J Am Pharm Assoc* 2004; 44:517-20.

## Appendix—Credentialing and privileging are ways to ensure pharmacists' competency to provide services

Postlicensure education, training, and certification are ways that pharmacists establish their competence to provide patient care services within a defined scope. Pharmacists enter pharmacy practice with a professional degree in pharmacy and a license. Beyond this entry point, pharmacists may gain education and training to retain and enhance generalist competencies as well as add a focus area or attain advanced practice competencies as a generalist or focused expert.

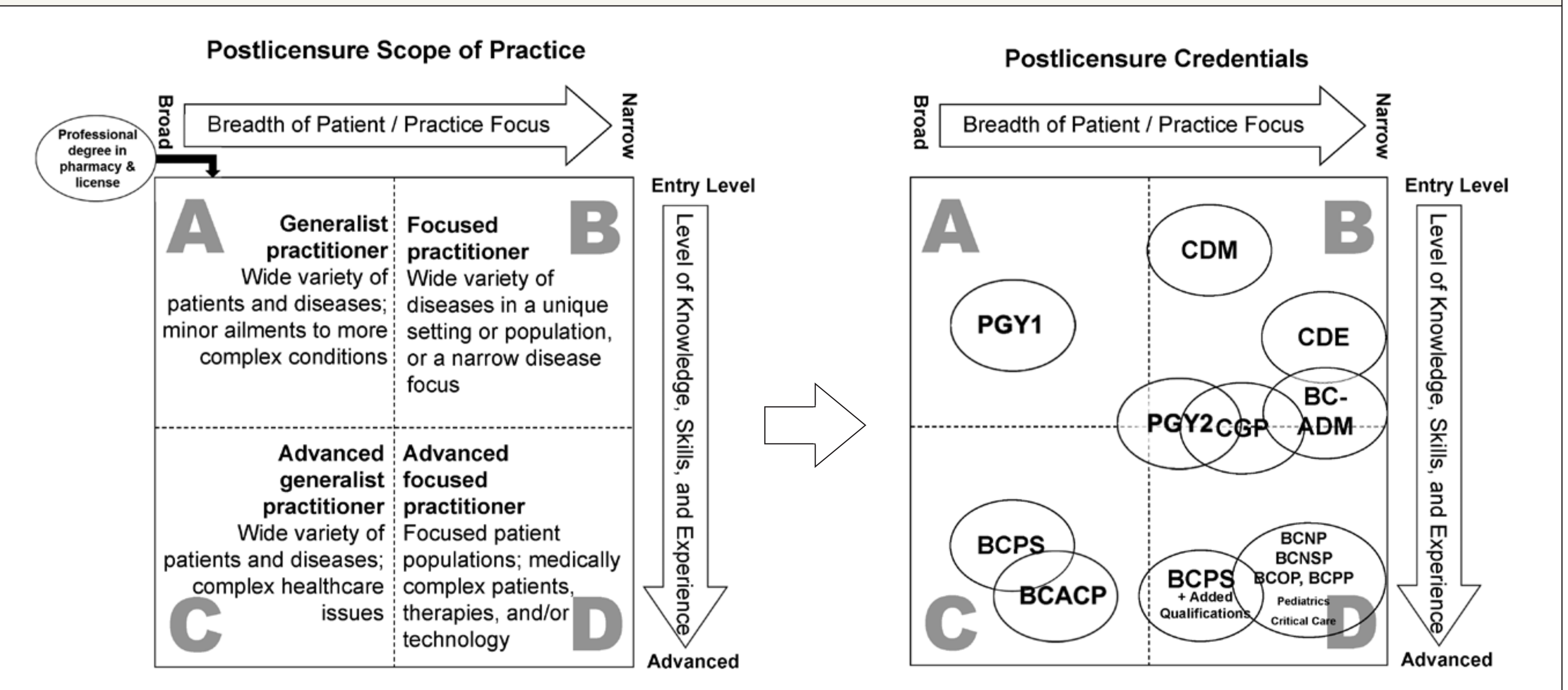
The Council on Credentialing in Pharmacy (CCP) document titled Scope of Contemporary Pharmacy Practice: Roles, Responsibilities, and Functions of Pharmacists and Pharmacy Technicians provides a model framework to guide pharmacists and other stakeholders about the forms of education, training, and certification that pharmacists are presently engaged in to establish competence in direct patient care services provision.[20] Figure 2 displays how the education, training, and certification components of this framework relate to how pharmacists' scopes of practice exist. This model organizes pharmacists' scopes of practice into four quadrants (A through D).

*Postlicensure education and training* provide the necessary skills and knowledge to perform specific services within defined scopes of practice. The range of postlicensure education and training activities that pharmacists engage in to maintain their professional competencies and to support their continuing professional development include: (1) continuing-education activities, which in the majority of cases are offered by providers of continuing pharmacy education who are accredited by the Accreditation Council for Pharmacy Education, (2) certificate programs, which focus on the development of professional skills and their application in practice, and (3) traineeships. Postgraduate year 1 (PGY1) pharmacy residencies provide training for generalists in hospitals, health systems, managed care, or community settings, and postgraduate year 2 (PGY2) residencies provide advanced training in a focused area of patient care. Residencies are typically one to two years in length, and a PGY1 residency must be completed before going on to a PGY2 residency. Guidance on how to assess skill equivalency of pharmacists to a PGY1 pharmacy residency program has been published.[21]

*Postlicensure certification* is another form of credential in several areas for pharmacists who have advanced generalist and/or advanced focused areas of practice. Pharmacists may obtain one or more of the certifications shown in Figure 2. These certifications are intended to ensure that the pharmacist desiring to have a scope of practice at the advanced level has the competencies mastered to provide care services safely and effectively. In many settings, criteria are set to define the equivalency in work experience and performance skills to recognize a pharmacist as competent to perform advanced focused areas of practice who has not completed a formal certification in an area.

*Postlicensure credentials* provide evidence for the credentialing process. These forms of postlicensure credentials provide some of the evidence needed for credentialing of pharmacists for purposes of practicing as a paid employee of an organization or, in some situations, to receive payment or compensation for service provision. Pharmacists either *may* obtain or *must* obtain specific credentials, depending on the pharmacists' circumstances. For example, pharmacists may desire to have effective and comprehensive skills in providing asthma education services to patients. While a pharmacist could provide these patient care services as part of the scope of practice recognized through being licensed and therefore not required to obtain the credential, the pharmacist could also choose to obtain a credential through completion of the requirements to become a Certified Asthma Educator (AE-C). Doing so provides the pharmacist with a nationally recognized credential that may give patients and other stakeholders increased confidence in the quality of the pharmacist's services. In another example, a pharmacist may seek employment to provide direct patient care as a specialist in oncology services in a specialty oncology hospital. The employer may require that the pharmacist hold the Board Certified Oncology Pharmacist (BCOP) credential in

**Figure 2.** How postlicensure scope of practice for pharmacists relates to education, training, and postlicensure credentials. The graphical representation in the two diagrams reflects a descriptive array of the continuum of education, training, practice skills, and certification programs in pharmacy. The diagrams do not represent the quantitative distribution of the pharmacist population across the various segments and are not meant to suggest that the total numbers of pharmacists within each of the quadrants are equal. BCACP = Board Certified Ambulatory Care Pharmacist, BC-ADM = Board Certified–Advanced Diabetes Management, BCNP = Board Certified Nuclear Pharmacist, BCNSP = Board Certified Nutrition Support Pharmacist, BCOP = Board Certified Oncology Pharmacist, BCPP = Board Certified Psychiatric Pharmacist, BCPS = Board Certified Pharmacotherapy Specialist, CDE = Certified Diabetes Educator, CDM = Certified Disease Manager, CGP = Certified Geriatric Pharmacist, PGY1 = postgraduate year 1 (residency), PGY2 = postgraduate year 2 (residency).



order to be employable in this role,[22] and the employer may have a credentialing process that requires the pharmacist to produce evidence of holding this credential to be eligible for employment. Furthermore, once the pharmacist is hired, the employer may have a privileging process that requires the pharmacist to produce evidence of competency for specific tasks (e.g., prescribing specific therapies per protocol in supportive care for oncology patients, demonstrating specific physical assessment skills required to assess the patient's health status) the pharmacist is to perform in providing direct patient care. A detailed resource document describing different certification programs in which pharmacists are eligible to participate is available through CCP; this resource may be used to assist pharmacists and other stakeholders to consider some of the options for attaining education and training that result in a credential.[5]

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