Job Analysis

Geriatric Pharmacy

April 2026

bps Board of Pharmacy Specialties®

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Executive Summary

The Board of Pharmacy Specialties (BPS) performed a job analysis, a multi-method approach into defining a job role or competency area in terms of the relevant tasks and associated knowledge areas, in 2026 to develop the content outline and other specifications for the specialty certification examination for pharmacists who specialize in geriatric pharmacy. In accordance with relevant professional and accreditation standards, the study consisted of three major phases:

1. Definition of tasks and knowledge areas
2. Development, administration, and analysis of a survey
3. Finalization of the exam content outline

This report provides evidence for the exam content outline developed and its applicability to the geriatric pharmacy specialty practice area. The outcome of this study was the creation of an examination blueprint that will be used to construct the geriatric pharmacy specialty certification examination such that it aligns with the competencies identified and in equal proportions across all forms (versions) of the examination.

Examination Content Domains		
1	**Patient Assessment and Care Planning**	**23%**
2	**Pharmacotherapy for Older Adults**	**38%**
3	**Implementation, Outcomes, and Monitoring**	**26%**
4	**Professional Practice**	**13%**

Introduction

The Board of Pharmacy Specialties (BPS) performed a job analysis in 2026 to develop the content outline and other specifications for the specialty certification examination for pharmacists who specialize in geriatric pharmacy.

A job analysis[1], sometimes called a role delineation study or practice analysis in healthcare certification settings, is a multi-method approach to defining a job role or competency area in terms of the relevant tasks or work activities and the associated competencies (operationalized as knowledge, skills, and abilities) and/or other attributes. Indeed, job analysis can also be thought of as referring to a family of related approaches to establishing the foundations of content validity[2] for an assessment[3], in this case applied to the assessment of competencies associated with a specialty area in the licensed practice of pharmacy. A job analysis is considered a multi-method approach because it incorporates both qualitative and quantitative evidence in support of the definition the practice area in question. The job analysis consisted of three major phases:

1. Definition of tasks and knowledge areas, organized in a content outline format and completed by an assembled panel of qualified pharmacists who are currently engaged in geriatric pharmacy
2. Development, administration, and analysis of a survey to other qualified pharmacists who are currently engaged in geriatric pharmacy, requesting their ratings either endorsing the inclusion or exclusion of each task and knowledge area identified by the committee
3. Finalization of the exam content outline, completed by the assembled panel and with consideration given to the survey results to help determine the retention, discard, or editing of knowledge and task lists, as well as the relative weights assigned to each content area

The study described in this report was conducted according to the Standards for Educational & Psychological Testing[4] and applicable accreditation standards (NCCA[5] and ISO/IEC 17024[6]). The subsequent sections describe the methods, results, and outcomes of the study, complemented by appendices which describe the qualifications and professional characteristics of the subject matter experts who contributed to this study, the actual text of the survey administered, and the final exam content outline produced by this study.

[1] Sackett, P.R., Laczo, R.M. (2003). Job and Work Analysis. Handbook of Psychology.
[2] Cronbach, L.J., Meehl, P.E. (1955). Construct Validity in Psychological Tests. Psychological Bulletin, 52(4), 281-302.
[3] Kane, M.T. (2013). Validating the Interpretations and Uses of Test Scores. Journal of Educational Measurement, 50(1), 1-73.
[4] American Educational Research Association, the American Psychological Association, National Council on Measurement in Education. (2014). Standards for Educational & Psychological Testing.
[5] National Commission for Certifying Agencies. (2014). Standards for the Accreditation of Certification Programs.
[6] International Organization for Standardization, International Electrotechnical Commission. (2012). Conformity Assessment: General Requirements for Bodies Operating Certification of Persons.

1. Definition of Tasks and Knowledge

BPS assembled a panel that consisted of 18 subject-matter experts in geriatric pharmacy, who were representative of the diversity of professional characteristics within the specialty with respect to practice setting, patient populations served, years of experience, and geographic dispersion within the United States. See Appendix A for the qualifications and professional characteristics of the job analysis panelists.

The panel met via teleconference on two occasions to develop, define, and update the tasks performed and knowledge required to practice as a specialist in geriatric pharmacy. The dates of the meetings were 5 February and 10 February 2026.

On the first session, the panelists were oriented to the objectives of the study and the meeting, and then were presented a draft examination content outline and list of associated tasks that drew from the outgoing examination content outline and the interview notes. See Appendix B for the presentation used to orient the job analysis panelists.

The panel developed 15 task statements that describe the work activities performed by a geriatric pharmacist.

1	Evaluate patient history, present illness, clinical status, multimorbidities, health risks, and other pertinent patient factors
2	Assess patients using laboratory testing, diagnostic testing, and other objective metrics, and evaluate the findings
3	Establish goals of care in collaboration with the patient, caregivers, and/or interprofessional healthcare team
4	Develop patient-centered therapeutic plans in alignment with evidence-based medicine, practice guidelines, goals of care, and clinical findings
5	Optimize medication selection and adherence based on patient characteristics (e.g., ability, comorbidities, and preferences) and medication characteristics (e.g., routes of administration, access)
6	Monitor and evaluate patient progress toward goals of care
7	Modify therapeutic plans in response to changes in clinical status, goals of care, and other pertinent patient factors
8	Develop and/or provide healthcare education, counseling, and support to patients, caregivers, and/or members of the general public
9	Develop and/or provide healthcare education and support to pharmacists, learners, and members of the interprofessional healthcare team
10	Participate in healthcare quality improvement, safety, and/or public health initiatives
11	Evaluate, establish, and/or align policies and practices according to accreditation standards, regulatory requirements, and evidence-based practice
12	Develop and/or update healthcare protocols, medication formularies, and/or pharmacy services

13	Utilize health information technology and clinical informatics to optimize pharmacotherapeutic decisions
14	Engage in professional development, such as healthcare committee involvement, scholarly activities, continuing education, and professional advocacy
15	Evaluate clinical literature and its applicability to geriatric pharmacy practice and the geriatric patient population

The panel identified four content domains that describe the key high-level components of geriatric pharmacy. Across the content domains, the panel identified 47 knowledge areas that describe specific job knowledge associated with the practice of geriatric pharmacy. In some cases, the panelists wrote examples in parenthesis, which are meant to be non-exhaustive, to help better illustrate the intended scope of the knowledge area listed.

1	**Patient Assessment and Care Planning**
1.01	Geriatric Syndromes and Multimorbidities
1.02	Elder Abuse, Neglect, and Isolation
1.03	Ageism and Therapeutic Nihilism
1.04	Self-Determination and End-of-life Decisions (e.g., advance care planning, legal documents, capacity, conservatorship)
1.05	Clinical Assessment (e.g., functional, cognitive, physical, ADLs/IADLs)
1.06	Laboratory and Diagnostic Testing
1.07	Pharmacodynamics, Pharmacokinetics, and Pharmacogenomics
1.08	Shared Decision-Making and Goals of Care
1.09	Goals of Treatment (e.g., risk vs. benefit, time to benefit)
1.10	Healthcare Access and Quality
1.11	Preventative Care
2	**Pharmacotherapy for Older Adults**
2.01	Pharmacotherapy for Cardiovascular Conditions
2.02	Pharmacotherapy for Dermatologic Conditions
2.03	Pharmacotherapy for Endocrine Conditions
2.04	Pharmacotherapy for Gastrointestinal Conditions
2.05	Pharmacotherapy for Genitourinary Conditions
2.06	Pharmacotherapy for Hematologic and Oncologic Conditions
2.07	Pharmacotherapy for Immunologic Conditions
2.08	Pharmacotherapy for Infectious Diseases
2.09	Pharmacotherapy for Musculoskeletal Conditions
2.10	Pharmacotherapy for Mental Health Conditions
2.11	Pharmacotherapy for Neurological Conditions
2.12	Pharmacotherapy for Otic and Ophthalmic Conditions
2.13	Pharmacotherapy for Pain Management
2.14	Pharmacotherapy for Renal Conditions

2.15	Pharmacotherapy for Respiratory Conditions
2.16	Fluids, Electrolytes, and Nutrition
2.17	Supplements and Herbals
3	**Implementation, Outcomes, and Monitoring**
3.01	Therapeutic Targets and Physiological Monitoring
3.02	Adverse Drug Events
3.03	Drug Interactions
3.04	Medication Reconciliation
3.05	Medication Delivery (e.g., routes of administration, delivery devices, anatomic alterations)
3.06	Medication Adherence
3.07	Non-Pharmacologic Treatments and Lifestyle Modification
3.08	Interprofessional Care Coordination
3.09	Palliative, Hospice, and End-of-Life Care
3.10	Long-Term Care (e.g., home health, residential care)
3.11	Patient and Caregiver Support (e.g., medical transportation, patient assistance programs, food/nutrition assistance, respite care)
4	**Professional Practice**
4.01	Medication Safety (e.g., REMS, VAERS, barcodes, ISMP)
4.02	Medication Appropriateness Assessment (e.g., STOPP/START, Beers criteria, FORTA, MAI)
4.03	Ethics and Patient Advocacy (e.g., Age-Friendly 4M Framework)
4.04	Population Health (e.g., screening, vaccinations, HEDIS)
4.05	Research Methods and Statistics
4.06	Risk Mitigation (e.g., failure mode effects analysis, root cause analysis)
4.07	Quality Management and Process Improvement (e.g., STARs)
4.08	Pharmacoeconomics

The panel also refined a list of demographic questions to be provided to survey respondents which would help better understand the professional characteristics of the respondent sample, which is described in more detail in the next section.

Lastly, the panel engaged in a linkage analysis, which is an exercise to identify the inter-relationships among the knowledge areas and tasks. Each panelist was asked to individually develop a linkage matrix in which tasks are listed as columns and knowledge areas as rows, and an x-mark indicating that the knowledge area is required for performance of the task. Individual matrices were aggregated such that any proposed linkage (x-mark) by more than half of the panelists was counted in the final (consensus) linkage matrix.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1.01	x	x	x	x	x		x	x	x					x	x
1.02	x		x					x		x				x	
1.03	x		x					x	x	x				x	
1.04	x		x	x			x	x	x						
1.05	x	x	x	x	x	x	x		x						x
1.06	x	x		x		x	x		x			x	x		x
1.07	x	x		x	x	x	x		x			x			x
1.08	x		x	x	x	x	x	x	x						
1.09	x		x	x	x	x	x	x	x						x
1.10	x		x	x	x		x	x	x	x	x	x	x	x	
1.11	x		x	x	x			x	x	x					
2.01	x	x	x	x	x	x	x	x	x			x		x	x
2.02	x	x	x	x	x	x	x	x	x			x		x	x
2.03	x	x	x	x	x	x	x	x	x			x		x	x
2.04	x	x	x	x	x	x	x	x	x			x		x	x
2.05	x	x	x	x	x	x	x	x	x			x		x	x
2.06	x	x	x	x	x	x	x	x	x			x		x	x
2.07	x	x	x	x	x	x	x	x	x			x		x	x
2.08	x	x	x	x	x	x	x	x	x			x		x	x
2.09	x	x	x	x	x	x	x	x	x			x		x	x
2.10	x	x	x	x	x	x	x	x	x			x		x	x
2.11	x	x	x	x	x	x	x	x	x			x		x	x
2.12	x	x	x	x	x	x	x	x	x			x		x	x
2.13	x	x	x	x	x	x	x	x	x			x		x	x
2.14	x	x	x	x	x	x	x	x	x			x		x	x
2.15	x	x	x	x	x	x	x	x	x			x		x	x
2.16	x	x	x	x	x	x	x	x	x			x		x	x
2.17	x	x	x	x	x	x	x	x	x			x		x	x
3.01	x	x	x	x	x	x	x	x	x			x	x	x	x
3.02	x	x		x	x	x	x	x	x	x	x	x	x	x	x
3.03	x	x		x	x	x	x	x	x			x	x	x	x
3.04	x							x	x						
3.05	x		x	x	x		x	x	x			x	x		
3.06	x		x	x	x	x	x	x	x	x		x	x		
3.07	x		x	x	x	x	x	x	x						
3.08			x	x		x	x		x					x	
3.09	x		x	x	x	x	x	x	x						
3.10	x		x	x			x		x					x	
3.11	x		x	x			x	x							
4.01							x		x	x	x	x	x	x	x
4.02	x	x		x	x	x	x	x	x	x	x	x	x	x	x
4.03	x		x	x				x	x	x	x	x		x	
4.04	x			x				x	x	x	x	x	x	x	
4.05									x	x	x	x	x	x	x
4.06									x	x	x	x	x	x	x
4.07									x	x	x	x	x	x	x
4.08					x				x	x	x	x	x	x	x

2. Survey Administration and Analysis

A survey was created for the purpose of soliciting ratings of endorsement from the larger practitioner population. Survey results are used to validate the appropriateness of the knowledge areas and tasks developed by the panelists and to inform content weighting decisions. The survey was developed with the following components:

- Description of the purpose of the survey
- Definition of the target population identified by the specialty practice area
- Respondent ratings of endorsement for the task statements
- Respondent ratings of endorsement for the knowledge areas
- Demographic questions that assess survey respondents' professional qualifications
- Open field for any additional comments

The ratings of endorsement from the survey respondents were solicited using two scales: Importance and Frequency. Each scale consists of a prompt for task statement, prompt for knowledge areas, and numerical responses with an associated text anchor (description).

Importance	How important is this task to geriatric pharmacy practice? How important is this knowledge area to geriatric pharmacy practice?
0	not at all / not applicable
1	of very little importance
2	somewhat important
3	moderately important
4	very important
5	critically important
Frequency	How frequently is this task performed in geriatric pharmacy practice? How frequently is this knowledge used in geriatric pharmacy practice?
0	not at all / not applicable
1	very rarely
2	rarely
3	occasionally
4	often
5	very often

The survey was pilot tested with a sample that consisted of the job analysis panelists, the specialty examination council, and BPS staff persons. The pilot test was conducted during the dates of 19 February to 2 March 2026. Pilot testers did not identify any necessary changes. See Appendix C for a copy of the final survey text.

The survey was open and available from 3 March to 13 April 2026. All pharmacists who hold the BCGP credential were directly invited via email to complete the online survey. The survey was also disseminated through the following affiliate organizations: American College of Clinical Pharmacy

(ACCP), American Society of Health-System Pharmacists (ASHP), American Society of Consultant Pharmacists (ASCP).

The survey yielded 100 usable responses. Responses were not used if the survey was not completed or if the respondent indicated spending less than 50% of their pharmacy practice in geriatric pharmacy.

Percentage of Professional Practice in Geriatric Pharmacy Mean = 85.95 | SD = 18.06		***n***	
50– 75		29	
76 – 99		23	
100		48	
Time Spent in Professional Role		***n*** **(>50%)**	**Average %**
Direct Patient Care		31	36.1%
Consulting		28	34.3%
Dispensing		2	5.2%
Administration / Management		2	9.1%
Teaching / Precepting		3	9.2%
Research / Scholarship		1	4.2%
Other		1	2.0%
Years of Experience in Pharmacy	Mean = 23.23 | SD = 12.86	***n***	**%**
0 to 5		5	5.0%
6 to 10		13	13.0%
11 to 15		16	16.0%
16 to 20		17	17.0%
20+		49	49.0%
Years of Experience in Geriatric Pharmacy	Mean = 18.03 | SD = 10.94	***n***	**%**
0 to 5		10	10.0%
6 to 10		20	20.0%
11 to 15		20	20.0%
16 to 20		19	19.0%
20+		31	31.0%
BPS Certifications		***n***	
BCACP - Ambulatory Care		7	
BCCCP - Critical Care		0	
BCCP - Cardiology		0	
BCEMP - Emergency Medicine		0	
BCGP - Geriatric		89	
BCIDP - Infectious Diseases		0	
BCNP - Nuclear		0	
BCNSP- Nutrition Support		0	

BCOP - Oncology	0	
BCPMP - Pain Management	1	
BCPP - Psychiatric	1	
BCPPS - Pediatric	0	
BCPS - Pharmacotherapy	21	
BCSCP - Compounded Sterile Preparations	0	
BCTXP - Solid Organ Transplantation	0	
Post-Graduate Pharmacy Residency Programs	***n***	
PGY1 Pharmacy	36	
PGY1 Managed Care Pharmacy	0	
PGY1 Community-Based Pharmacy	2	
PGY2 Ambulatory Care Pharmacy	1	
PGY2 Cardiology Pharmacy	0	
PGY2 Clinical Pharmacogenomics	0	
PGY2 Community-Based Pharmacy Administration and Leadership	0	
PGY2 Corporate Pharmacy Administration and Leadership	0	
PGY2 Critical Care Pharmacy	0	
PGY2 Emergency Medicine Pharmacy	0	
PGY2 Geriatric Pharmacy	11	
PGY2 Health System Pharmacy Administration and Leadership	0	
PGY2 Infectious Diseases Pharmacy	0	
PGY2 Internal Medicine Pharmacy	1	
PGY2 Investigational Drugs and Research	0	
PGY2 Medication Use Safety and Policy	0	
PGY2 Neurology	0	
PGY2 Oncology Pharmacy	0	
PGY2 Palliative Care / Pain Management Pharmacy	1	
PGY2 Pediatric Pharmacy	0	
PGY2 Pharmacotherapy	0	
PGY2 Pharmacy Informatics	0	
PGY2 Population Health Management and Data Analytics Pharmacy	0	
PGY2 Psychiatric Pharmacy	1	
PGY2 Solid Organ Transplant Pharmacy	0	
PGY2 Specialty Pharmacy Administration and Leadership	0	
Other	7	
Primary Practice Setting	***n***	**%**
Academic Institution / Educational Institution	8	8.0%
Academic Medical Center or Hospital	5	5.0%
Community Hospital	9	9.0%
Community Pharmacy	3	3.0%
Home Infusion / Ambulatory Infusion	0	0.0%

Hospice	0	0.0%
Hybrid Academic-Community Hospital	0	0.0%
Integrated Health System / Accountable Care Organization	4	4.0%
Investigational Drug Service	0	0.0%
Long-Term Care Pharmacy	29	29.0%
Managed Care	1	1.0%
Outpatient Clinic / Ambulatory Clinic	13	13.0%
Pharmaceutical Industry	1	1.0%
Specialty Pharmacy	0	0.0%
Governmental Healthcare Facility / Veterans Affairs Hospital	12	12.0%
Other (please specify)	15	15.0%
Location of Primary Practice	***n***	**%**
UNITED STATES	95	95.0%
AZ	5	5.0%
CA	7	7.0%
CO	1	1.0%
CT	2	2.0%
FL	1	1.0%
GA	2	2.0%
IA	1	1.0%
ID	1	1.0%
IL	4	4.0%
IN	2	2.0%
KS	1	1.0%
KY	1	1.0%
LA	2	2.0%
MA	1	1.0%
MD	8	8.0%
ME	1	1.0%
MI	2	2.0%
MN	2	2.0%
MO	1	1.0%
NC	2	2.0%
NE	4	4.0%
NJ	5	5.0%
NY	5	5.0%
OH	5	5.0%
OK	1	1.0%
OR	1	1.0%
PA	6	6.0%
SC	4	4.0%

TX	8	8.0%
UT	1	1.0%
VA	1	1.0%
WA	3	3.0%
WI	1	1.0%
WV	2	2.0%
Unspecified	1	1.0%
OUTSIDE OF UNITED STATES	95	95.0%
Taiwan	1	1.0%
Nigeria	1	1.0%
Australia	3	3.0%
Do you have some form of prescriptive authority in your current role?	***n***	**%**
Yes	37	37.0%
No	63	63.0%

Mean Ratings for Task Statements		Importance	Frequency
1	Evaluate patient history, present illness, clinical status, multimorbidities, health risks, and other pertinent patient factors	4.59	4.78
2	Assess patients using laboratory testing, diagnostic testing, and other objective metrics, and evaluate the findings	4.49	4.60
3	Establish goals of care in collaboration with the patient, caregivers, and/or interprofessional healthcare team	4.05	3.84
4	Develop patient-centered therapeutic plans in alignment with evidence-based medicine, practice guidelines, goals of care, and clinical findings	4.29	4.24
5	Optimize medication selection and adherence based on patient characteristics (e.g., ability, comorbidities, and preferences) and medication characteristics (e.g., routes of administration, access)	4.51	4.48
6	Monitor and evaluate patient progress toward goals of care	3.89	3.91
7	Modify therapeutic plans in response to changes in clinical status, goals of care, and other pertinent patient factors	4.23	4.18
8	Develop and/or provide healthcare education, counseling, and support to patients, caregivers, and/or members of the general public	3.82	3.58
9	Develop and/or provide healthcare education and support to pharmacists, learners, and members of the interprofessional healthcare team	3.62	3.25
10	Participate in healthcare quality improvement, safety, and/or public health initiatives	3.27	2.88
11	Evaluate, establish, and/or align policies and practices according to accreditation standards, regulatory requirements, and evidence-based practice	3.51	3.13
12	Develop and/or update healthcare protocols, medication formularies, and/or pharmacy services	3.27	2.89
13	Utilize health information technology and clinical informatics to optimize pharmacotherapeutic decisions	3.53	3.56
14	Engage in professional development, such as healthcare committee involvement, scholarly activities, continuing education, and professional advocacy	3.33	3.27
15	Evaluate clinical literature and its applicability to geriatric pharmacy practice and the geriatric patient population	3.79	3.47

Mean Ratings for Knowledge Areas		Importance	Frequency
1	**Patient Assessment and Care Planning**		
1.01	Geriatric Syndromes and Multimorbidities	4.50	4.47
1.02	Elder Abuse, Neglect, and Isolation	3.69	2.81
1.03	Ageism and Therapeutic Nihilism	3.26	2.80
1.04	Self-Determination and End-of-life Decisions (e.g., advance care planning, legal documents, capacity, conservatorship)	3.71	3.16
1.05	Clinical Assessment (e.g., functional, cognitive, physical, ADLs/IADLs)	4.01	3.75
1.06	Laboratory and Diagnostic Testing	4.29	4.44
1.07	Pharmacodynamics, Pharmacokinetics, and Pharmacogenomics	4.01	3.83
1.08	Shared Decision-Making and Goals of Care	4.04	3.89
1.09	Goals of Treatment (e.g., risk vs. benefit, time to benefit)	4.24	4.06
1.10	Healthcare Access and Quality	3.65	3.23
1.11	Preventative Care	3.78	3.42
2	**Pharmacotherapy for Older Adults**		
2.01	Pharmacotherapy for Cardiovascular Conditions	4.44	4.60
2.02	Pharmacotherapy for Dermatologic Conditions	3.10	3.01
2.03	Pharmacotherapy for Endocrine Conditions	4.31	4.33
2.04	Pharmacotherapy for Gastrointestinal Conditions	3.89	3.98
2.05	Pharmacotherapy for Genitourinary Conditions	4.14	4.16
2.06	Pharmacotherapy for Hematologic and Oncologic Conditions	3.53	3.12
2.07	Pharmacotherapy for Immunologic Conditions	3.33	2.95
2.08	Pharmacotherapy for Infectious Diseases	4.21	4.07
2.09	Pharmacotherapy for Musculoskeletal Conditions	3.90	3.90
2.10	Pharmacotherapy for Mental Health Conditions	4.43	4.42
2.11	Pharmacotherapy for Neurological Conditions	4.14	4.17
2.12	Pharmacotherapy for Otic and Ophthalmic Conditions	3.24	3.19
2.13	Pharmacotherapy for Pain Management	4.28	4.31
2.14	Pharmacotherapy for Renal Conditions	4.26	4.32
2.15	Pharmacotherapy for Respiratory Conditions	4.22	4.14
2.16	Fluids, Electrolytes, and Nutrition	3.67	3.44
2.17	Supplements and Herbals	3.15	3.48
3	**Implementation, Outcomes, and Monitoring**		
3.01	Therapeutic Targets and Physiological Monitoring	4.04	4.13
3.02	Adverse Drug Events	4.37	4.17
3.03	Drug Interactions	4.43	4.39
3.04	Medication Reconciliation	4.56	4.49
3.05	Medication Delivery (e.g., routes of administration, delivery devices, anatomic alterations)	3.74	3.77
3.06	Medication Adherence	4.21	4.19
3.07	Non-Pharmacologic Treatments and Lifestyle Modification	3.75	3.67

3.08	Interprofessional Care Coordination	4.01	3.88
3.09	Palliative, Hospice, and End-of-Life Care	4.00	3.65
3.10	Long-Term Care (e.g., home health, residential care)	3.92	3.73
3.11	Patient and Caregiver Support (e.g., medical transportation, patient assistance programs, food/nutrition assistance, respite care)	3.51	2.93
4	**Professional Practice**		
4.01	Medication Safety (e.g., REMS, VAERS, barcodes, ISMP)	3.48	3.05
4.02	Medication Appropriateness Assessment (e.g., STOPP/START, Beers criteria, FORTA, MAI)	4.37	4.29
4.03	Ethics and Patient Advocacy (e.g., Age-Friendly 4M Framework)	3.70	3.51
4.04	Population Health (e.g., screening, vaccinations, HEDIS)	3.64	3.36
4.05	Research Methods and Statistics	2.95	2.69
4.06	Risk Mitigation (e.g., failure mode effects analysis, root cause analysis)	2.98	2.48
4.07	Quality Management and Process Improvement (e.g., STARs)	2.99	3.02
4.08	Pharmacoeconomics	2.96	2.81

An exploratory factor analysis[7] using maximum likelihood extraction and varimax rotation[8] was performed on the importance ratings provided for the knowledge areas. One factor emerged, with an eigenvalue of 17.49, as the primary factor explaining 37.22% of the variability in importance ratings. All subsequent factors had eigenvalues of 3.66 or less and each explained 7.78% of the variability in importance ratings or less. This provides additional evidence for the consistency of the knowledge areas developed and their applicability to the intended measurement construct.

[7] Thompson, B. (2004). Exploratory and confirmatory factor analysis: Understanding concepts and applications. American Psychological Association: Washington DC.
[8] Kaiser, H. (1958). The varimax criterion for analytic rotation in factor analysis. Psychometrika, 23(3).

3. Finalization of Exam Content Outline

The job analysis panel reconvened on 29 April 2026 via teleconference to review the results of the survey and to finalize the exam content outline.

The panelists reviewed the results of the survey demographic questions and deemed the respondent sample to be representative of the target population, which are pharmacists specializing in geriatric pharmacy.

The panelists agreed to retain all the task statements and knowledge statements developed.

Lastly, the panelists were tasked with determining the content weighting, the proportion of examination content to be distributed to each content domain. A criticality value was calculated by multiplying the importance and frequency rating for each knowledge statement. To develop a percentage weight for each content domain, the sum of the criticality values for the knowledge statements in each domain was tabulated and compared against the sum of the mean criticality values for all knowledge areas.

	Content Domains of ECO	Sum of Criticality	Weight
1	Patient Assessment and Care Planning	158.43	23%
2	Pharmacotherapy for Older Adults	259.39	38%
3	Implementation, Outcomes, and Monitoring	175.40	26%
4	Professional Practice	87.25	13%

See Appendix D for the final Examination Content Outline.

Appendix A – Subject Matter Experts

Name	Creden-tials	Years Exper.	Job Title	Employer/ Affiliation	Sub-Specialty	Practice Setting	Location
Caroline Ashcom	PharmD, BCGP	17	Inpatient Pharmacy Generalist	WVU Medicine	Other	Academic Medical Center/Hospital	WV
DeLon Canterbury	PharmD, BCGP	9	CEO	GeriatRx	Chronic Disease Mgmt	Community Pharmacy	NC
Julie Carter	PharmD, BCGP	23	Clinical Pharmacist	Evernorth	Chronic Disease Mgmt	Outpatient/ Ambulatory Clinic	AZ
Emalee Collins	PharmD, BCGP	19	Clinical Pharmacy Specialist	Yale New Haven Hospital	Palliative Care	Academic Medical Center/ Hospital	CT
Grace Gana	B.Pharm, MS Pharm, BGCP, BCMTM	18	Clinical Pharmacist & CEO	Elim Consultants, LLC.	Chronic Disease Mgmt	Outpatient/ Ambulatory Clinic	WA
Tatyana Gurvich	PharmD, APh, BCGP	34	Associate Professor of Clinical Pharmacy	USC Mann School of Pharmacy	Chronic Disease Mgmt	Academic Institution	CA
Christine Lam	PharmD, BCGP, BCPS, CDCES	10	Associate Professor	University of the Incarnate Word	Chronic Disease Mgmt	Outpatient/ Ambulatory Clinic	TX
Natalie Logsdon	PharmD, BCGP	12	Consultant Pharmacist	Health Direct Pharmacy Services	Palliative Care	Long-Term Care Facility	PA
Jeanne Manzi	PharmD, BCGP, FASCP	28	Director, LTC Clinical Services	Managed Health Care Associates, Inc.	Long-Term Care	Long-Term Care Facility	NJ
Mouhamad Mazloum	PharmD, BCGP, BCMTMS	7	Director of Pharmacy	Straith Hospital for Special surgery	Chronic Disease Mgmt	Community Hospital	MI

Jessica Merrey	PharmD, MBA, BCPS, BCACP, BCGP, FASCP	17	Lead Clinical Pharmacy Specialist, Ambulatory Care	The Johns Hopkins Hospital	Chronic Disease Mgmt	Outpatient/ Ambulatory Clinic	MD
Amy Mgonja	PharmD, BCGP, CPPS, CPAFH	20	Clinical Pharmacist	St. Luke's Rehabilitation Hospital	Chronic Disease Mgmt	Community Hospital	ID
Jessica Pyhtila	PharmD, BCGP, BCPS	9	Clinical Pharmacy Specialist	Department of Veterans Affairs	Chronic Disease Mgmt	Government Healthcare Facility	MD
Jen Quellhorst	PharmD, BCGP, BCPS	16	Clinical Pharmacist Practitioner	Dept of Veterans Affairs	Long-Term Care	Government Healthcare Facility	FL
Patty Taddei-Allen	PharmD, MBA, BCACP, BCGP, FAMCP	15	Clinical Assistant Professor	University of Florida	Chronic Disease Mgmt	Academic Institution	FL
Tyler Reid Walsh	PharmD, BCGP, BCPS	6	Manager, Part D Stars & Quality	Peak Health	Chronic Disease Mgmt	Other	WV
Paul Chin-Hung Wong	PharmD, BCGP, BCPS	22	Clinical Pharmacist	New York Drugs & Surgicals	Chronic Disease Mgmt	Community Pharmacy	NY
Barbara Jeanne Zarowitz	PharmD, MSW, BCGP, BCPS, FCCM, FCCP, FASCP	22	Affiliate Professor	University of Maryland School of Pharmacy	Long-Term Care	Academic Institution	MD

Appendix B – Orientation Presentation

Job Analysis

bps Board of Pharmacy Specialties®

Job Analysis

A job analysis can take many forms, but the key points of inquiry in a job analysis for credentialing are:

- ✓ **Definition of Target Population**
- ✓ **Tasks Performed**
- ✓ **Competencies Required**

The outcome is an exam content outline, which is used as a blueprint for the creation of examinations and to identify the scope of the exam to interested parties

Job Analysis is sometimes called a role delineation study or practice analysis in healthcare certification settings

bps

Multi-Method Approach

Both quantitative and qualitative methods are used, which helps bolster the defensibility of the process and outcomes

Qualitative
- Focus Group Discussions

Quantitative
- Survey Administration and Analysis

Here is what the process looks like in sequence

JA Panel Develops ECO → Survey Development → Survey Administration → Survey Analysis → JA Panel Finalizes ECO

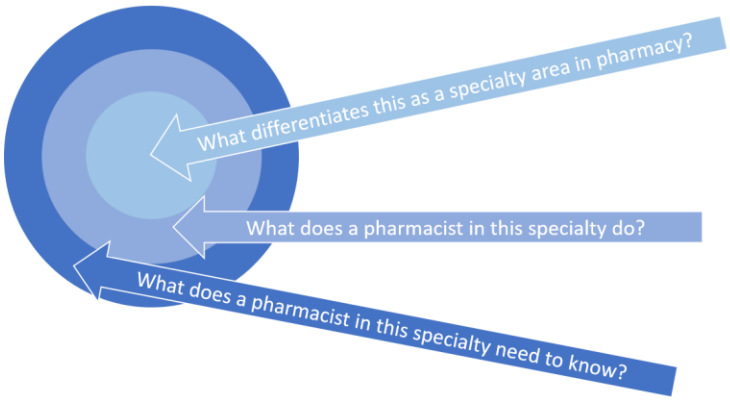
you are here

Multiple Levels of Analysis

Consider how you would describe a job role to someone

All three levels help define the scope

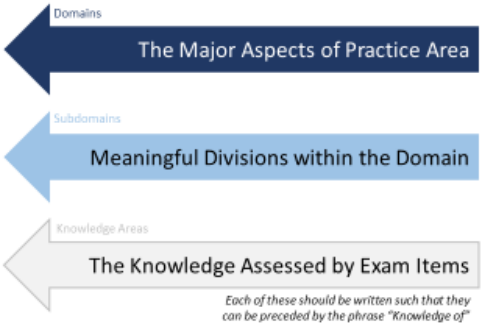
But only the outer layer is the level at which an examinee is assessed



Exam Content Outline

An ECO is a grouping of examination content areas in a hierarchical list

Exam Content Outline Structure and Components		*(Somewhat Silly) Example*
1	Content Domain	Chocolate
1A	Content Subdomain	History
1A1	Knowledge Area	Mesoamerican Usage
1A2	Knowledge Area	European Adaptation
1A3	Knowledge Area	Modern Production
1B	Content Subdomain	Types
1B1	Knowledge Area	Milk Chocolate
1B2	Knowledge Area	Dark Chocolate
1B3	Knowledge Area	White Chocolate



Context Is Key

In addition to creation of an ECO, we will develop an inventory of **task statements**.

- These tasks identify the objectives and responsibilities of the role.
- These tasks provide the context in which the knowledge is applied.
- Tasks need not be grouped into content domains.
- Tasks will not be used to classify exam items nor determine what is tested.

Linkage Analysis

A linkage matrix looks something like this

	1	2	3	4	5	6	7	8	9
1A1						x		x	
1A2					x				
1A3				x					x
1B1			x	x					
1B2			x				x		
1C1	x	x							
1C2		x					x		x

Purpose of the Linkage Matrix

- demonstrate which knowledge areas are required for each task
- demonstrate that the knowledge areas are indeed practice-based
- help identify gaps in either inventory
- help identify tasks or knowledge that are superfluous or out-of-scope

Helpful Hints

- An x-mark means that the specific knowledge is needed to perform that specific task.
- For example, knowledge of different types of chocolate is needed to *Develop Chocolate Recipes* but history of chocolate is not needed for that same task.

bps

Discussion and Consensus


Please be respectful and welcoming of others' perspectives


Discussion is meant to serve consensus-building and decision-making


All of you are here because we want to hear from you


Don't lose sight of the bigger picture to get hung up on details

bps

Confidentiality

Although the outcomes of the Job Analysis will eventually be summarized in a public-facing document, please do not disclose information about our deliberations or work in progress

Any information other than that provided by BPS can give an unfair advantage or disadvantage to examinees, thereby threatening the validity of the exam

When asked about your involvement, simply direct interested parties to official channels (BPS website) for information about the certification program

Summary of Meeting Objectives

- Review Exam Eligibility Requirements
- Develop List of Task Statements
- Develop Exam Content Outline
- Conduct Linkage Analysis
- Revise Tasks and ECO, as needed

Appendix C – Survey Text

Board of Pharmacy Specialties®

BPS 2026 BCGP Job Analysis Survey

Survey Introduction

The Board of Pharmacy Specialties (BPS) is conducting a Job Analysis for the Board-Certified Geriatric Pharmacist (BCGP) certification program to develop an updated examination content outline, which serves as a blueprint for the certification exam and the scope for recertification and eligibility purposes.

As part of this Job Analysis, we request your participation in this survey to provide ratings and feedback for the tasks and knowledge areas identified as representing current pharmacy practice in geriatric pharmacy.

Survey respondents will be prompted to rate each task and knowledge area on its importance to geriatric pharmacy practice and its frequency of use.

Additionally, respondents will be asked a few demographic questions to better understand the respondent sample's professional qualifications - but no personally identifiable information will be solicited.

Responses will only be reviewed in aggregate and will not be used for any other purpose than the Job Analysis.

Your participation is expected to take 15 to 30 minutes in total.

Those who complete the survey are eligible for entry into a raffle for one of ten $25 Amazon gift cards.

If you have any questions about this survey, please feel free to contact ja@aphanet.org.

Are you willing to participate in this survey and provide your responses to BPS?

- ◯ Yes
- ◯ No

BPS 2026 BCGP Job Analysis Survey

Task Statements

Please rate each task statement according to its importance to geriatric pharmacy practice and the frequency of its performance in geriatric pharmacy practice.

	Importance	Frequency
Evaluate patient history, present illness, clinical status, multimorbidities, health risks, and other pertinent patient factors		
Assess patients using laboratory testing, diagnostic testing, and other objective metrics, and evaluate the findings		
Establish goals of care in collaboration with the patient, caregivers, and/or interprofessional healthcare team		
Develop patient-centered therapeutic plans in alignment with evidence-based medicine, practice guidelines, goals of care, and clinical findings		
Optimize medication selection and adherence based on patient characteristics (e.g., ability, comorbidities, and preferences) and medication characteristics (e.g., routes of administration, access)		
Monitor and evaluate patient progress		

toward goals of care		
Modify therapeutic plans in response to changes in clinical status, goals of care, and other pertinent patient factors		
Develop and/or provide healthcare education, counseling, and support to patients, caregivers, and/or members of the general public		
Develop and/or provide healthcare education and support to pharmacists, learners, and members of the interprofessional healthcare team		
Participate in healthcare quality improvement, safety, and/or public health initiatives		
Evaluate, establish, and/or align policies and practices according to accreditation standards, regulatory requirements, and evidence-based practice		
Develop and/or update healthcare protocols, medication formularies, and/or pharmacy services		
Utilize health information technology and clinical informatics to optimize pharmacotherapeutic decisions		
Engage in professional development, such as healthcare committee involvement, scholarly activities, continuing education, and professional advocacy		
Evaluate clinical literature and its		

applicability to geriatric pharmacy practice and the geriatric patient population		

What task associated with geriatric pharmacy is missing from this list, if any?

BPS 2026 BCGP Job Analysis Survey

Knowledge Areas

Please rate each knowledge area in the **Patient Assessment and Care Planning** content domain according to its importance to geriatric pharmacy practice and the frequency of its use in geriatric pharmacy practice.

	Importance	Frequency
Geriatric Syndromes and Multimorbidities		
Elder Abuse, Neglect, and Isolation		
Ageism and Therapeutic Nihilism		
Self-Determination and End-of-life Decisions (e.g., advance care planning, legal documents, capacity, conservatorship)		
Clinical Assessment (e.g., functional, cognitive, physical, ADLs/IADLs)		
Laboratory and Diagnostic Testing		
Pharmacodynamics, Pharmacokinetics, and Pharmacogenomics		
Shared Decision-Making and Goals of Care		
Goals of Treatment (e.g., risk vs. benefit, time to benefit)		
Healthcare Access and Quality		
Preventative Care		

Please rate each knowledge area in the **Pharmacotherapy for Older Adults** content domain according to its importance to geriatric pharmacy practice and the frequency of its use in geriatric pharmacy practice.

	Importance	Frequency
Pharmacotherapy for Cardiovascular Conditions		
Pharmacotherapy for Dermatologic Conditions		
Pharmacotherapy for Endocrine Conditions		
Pharmacotherapy for Gastrointestinal Conditions		
Pharmacotherapy for Genitourinary Conditions		
Pharmacotherapy for Hematologic and Oncologic Conditions		
Pharmacotherapy for Immunologic Conditions		
Pharmacotherapy for Infectious Diseases		
Pharmacotherapy for Musculoskeletal Conditions		
Pharmacotherapy for Mental Health Conditions		
Pharmacotherapy for Neurological Conditions		
Pharmacotherapy for Otic and Ophthalmic Conditions		
Pharmacotherapy for Pain Management		
Pharmacotherapy for Renal Conditions		
Pharmacotherapy for Respiratory Conditions		
Fluids, Electrolytes, and Nutrition		
Supplements and Herbals		

Please rate each knowledge area in the **Implementation, Outcomes, and Monitoring** content domain according to its importance to geriatric pharmacy practice and the frequency of its use in geriatric pharmacy practice.

	Importance	Frequency
Therapeutic Targets and Physiological Monitoring		
Adverse Drug Events		
Drug Interactions		
Medication Reconciliation		
Medication Delivery (e.g., routes of administration, delivery devices, anatomic alterations)		
Medication Adherence		
Non-Pharmacologic Treatments and Lifestyle Modification		
Interprofessional Care Coordination		
Palliative, Hospice, and End-of-Life Care		
Long-Term Care (e.g., home health, residential care)		
Patient and Caregiver Support (e.g., medical transportation, patient assistance programs, food/nutrition assistance, respite care)		

Please rate each knowledge area in the Professional Practice content domain according to its importance to geriatric pharmacy practice and the frequency of its use in geriatric pharmacy practice.

	Importance	Frequency
Medication Safety (e.g., REMS, VAERS, barcodes, ISMP)		
Medication Appropriateness Assessment (e.g., STOPP/START, Beers criteria, FORTA, MAI)		
Ethics and Patient Advocacy (e.g., Age-Friendly 4M Framework)		
Population Health (e.g., screening, vaccinations, HEDIS)		
Research Methods and Statistics		
Risk Mitigation (e.g., failure mode effects analysis, root cause analysis)		
Quality Management and Process Improvement (e.g., STARs)		
Pharmacoeconomics		

What knowledge area associated with geriatric pharmacy is missing from this list, if any?

BPS 2026 BCGP Job Analysis Survey

Survey Respondent Demographics

What percentage of your professional practice is spent in geriatric pharmacy?

What percentage of your time do you spend in each area?

Direct Patient Care	
Consulting	
Dispensing	
Administration / Management	
Teaching / Precepting	
Research / Scholarship	
Other	

How many years of experience do you have as a pharmacist?

How many years of experience do you have in geriatric pharmacy?

Which BPS certifications do you currently hold? Select all that apply and leave blank if none.

- [ ] BCACP - Ambulatory Care
- [ ] BCCCP - Critical Care
- [ ] BCCP - Cardiology
- [ ] BCEMP - Emergency Medicine
- [ ] BCGP - Geriatric
- [ ] BCIDP - Infectious Diseases
- [ ] BCNP - Nuclear
- [ ] BCNSP- Nutrition Support
- [ ] BCOP - Oncology
- [ ] BCPP - Psychiatric
- [ ] BCPMP - Pain Management
- [ ] BCPPS - Pediatric
- [ ] BCPS - Pharmacotherapy
- [ ] BCSCP - Compounded Sterile Preparations
- [ ] BCTXP - Solid Organ Transplantation

Which post-graduate pharmacy residency programs have you completed? Select all that apply and leave blank if none.

- [ ] PGY1 Pharmacy
- [ ] PGY1 Managed Care Pharmacy
- [ ] PGY1 Community-Based Pharmacy
- [ ] PGY2 Ambulatory Care Pharmacy
- [ ] PGY2 Cardiology Pharmacy
- [ ] PGY2 Clinical Pharmacogenomics
- [ ] PGY2 Community-Based Pharmacy Administration and Leadership
- [ ] PGY2 Corporate Pharmacy Administration and Leadership
- [ ] PGY2 Critical Care Pharmacy
- [ ] PGY2 Emergency Medicine Pharmacy
- [ ] PGY2 Geriatric Pharmacy
- [ ] PGY2 Health System Pharmacy Administration and Leadership
- [ ] PGY2 Infectious Diseases Pharmacy
- [ ] PGY2 Internal Medicine Pharmacy
- [ ] PGY2 Investigational Drugs and Research
- [ ] PGY2 Medication Use Safety and Policy
- [ ] PGY2 Neurology
- [ ] PGY2 Oncology Pharmacy
- [ ] PGY2 Palliative Care / Pain Management Pharmacy
- [ ] PGY2 Pediatric Pharmacy
- [ ] PGY2 Pharmacotherapy
- [ ] PGY2 Pharmacy Informatics
- [ ] PGY2 Population Health Management and Data Analytics Pharmacy
- [ ] PGY2 Psychiatric Pharmacy
- [ ] PGY2 Solid Organ Transplant Pharmacy
- [ ] PGY2 Specialty Pharmacy Administration and Leadership
- [ ] Other: please specify

What is your primary practice setting?

- ◯ Academic Institution / Educational Institution
- ◯ Academic Medical Center or Hospital
- ◯ Children's Hospital
- ◯ Community Hospital
- ◯ Community Pharmacy
- ◯ Home Infusion / Ambulatory Infusion
- ◯ Hospice
- ◯ Hybrid Academic-Community Hospital
- ◯ Integrated Health System / Accountable Care Organization
- ◯ Investigational Drug Service
- ◯ Long-Term Care Pharmacy
- ◯ Managed Care
- ◯ Outpatient Clinic / Ambulatory Clinic
- ◯ Pharmaceutical Industry
- ◯ Specialty Pharmacy
- ◯ Governmental Healthcare Facility / Veterans Affairs Hospital
- ◯ Other (please specify)

Where is your primary practice located?

State or Territory (if in United States) -- select state --

Nation/Country

Do you have some form of prescriptive authority in your current role?

- ◯ Yes
- ◯ No

BPS 2026 BCGP Job Analysis Survey

Thank You

Please provide any feedback or comments about the survey here.

Those who complete the survey are eligible for entry into a raffle for one of ten $25 Amazon gift cards. If you would like to be entered into the raffle, please enter your email address below. Your email address will be used for the sole purpose of sending your gift card if you win.

Thank you very much for your interest and participation!

Appendix D – Exam Content Outline

1	**Patient Assessment and Care Planning**	23%
1.01	Geriatric Syndromes and Multimorbidities	
1.02	Elder Abuse, Neglect, and Isolation	
1.03	Ageism and Therapeutic Nihilism	
1.04	Self-Determination and End-of-life Decisions (e.g., advance care planning, legal documents, capacity, conservatorship)	
1.05	Clinical Assessment (e.g., functional, cognitive, physical, ADLs/IADLs)	
1.06	Laboratory and Diagnostic Testing	
1.07	Pharmacodynamics, Pharmacokinetics, and Pharmacogenomics	
1.08	Shared Decision-Making and Goals of Care	
1.09	Goals of Treatment (e.g., risk vs. benefit, time to benefit)	
1.10	Healthcare Access and Quality	
1.11	Preventative Care	
2	**Pharmacotherapy for Older Adults**	38%
2.01	Pharmacotherapy for Cardiovascular Conditions	
2.02	Pharmacotherapy for Dermatologic Conditions	
2.03	Pharmacotherapy for Endocrine Conditions	
2.04	Pharmacotherapy for Gastrointestinal Conditions	
2.05	Pharmacotherapy for Genitourinary Conditions	
2.06	Pharmacotherapy for Hematologic and Oncologic Conditions	
2.07	Pharmacotherapy for Immunologic Conditions	
2.08	Pharmacotherapy for Infectious Diseases	
2.09	Pharmacotherapy for Musculoskeletal Conditions	
2.10	Pharmacotherapy for Mental Health Conditions	
2.11	Pharmacotherapy for Neurological Conditions	
2.12	Pharmacotherapy for Otic and Ophthalmic Conditions	
2.13	Pharmacotherapy for Pain Management	
2.14	Pharmacotherapy for Renal Conditions	
2.15	Pharmacotherapy for Respiratory Conditions	
2.16	Fluids, Electrolytes, and Nutrition	
2.17	Supplements and Herbals	
3	**Implementation, Outcomes, and Monitoring**	26%
3.01	Therapeutic Targets and Physiological Monitoring	
3.02	Adverse Drug Events	
3.03	Drug Interactions	
3.04	Medication Reconciliation	
3.05	Medication Delivery (e.g., routes of administration, delivery devices, anatomic alterations)	
3.06	Medication Adherence	

3.07	Non-Pharmacologic Treatments and Lifestyle Modification	
3.08	Interprofessional Care Coordination	
3.09	Palliative, Hospice, and End-of-Life Care	
3.10	Long-Term Care (e.g., home health, residential care)	
3.11	Patient and Caregiver Support (e.g., medical transportation, patient assistance programs, food/nutrition assistance, respite care)	
4	**Professional Practice**	**13%**
4.01	Medication Safety (e.g., REMS, VAERS, barcodes, ISMP)	
4.02	Medication Appropriateness Assessment (e.g., STOPP/START, Beers criteria, FORTA, MAI)	
4.03	Ethics and Patient Advocacy (e.g., Age-Friendly 4M Framework)	
4.04	Population Health (e.g., screening, vaccinations, HEDIS)	
4.05	Research Methods and Statistics	
4.06	Risk Mitigation (e.g., failure mode effects analysis, root cause analysis)	
4.07	Quality Management and Process Improvement (e.g., STARs)	
4.08	Pharmacoeconomics	