Examination Specifications
Geriatric Pharmacy
Board of Pharmacy Specialties

Name of Credential	BPS Board-Certified Geriatric Pharmacist
Certification-Issuing Body	Board of Pharmacy Specialties
Designation Awarded	BCGP
Level of Proficiency	Specialty Certification
Target Population	Pharmacists who have met the eligibility criteria and assess, design, implement, monitor, modify, and advise on pharmacotherapy and care for older adults
Program Purpose	To validate that the pharmacist has the advanced knowledge, skills, and experience to optimize pharmacotherapy, safety, and healthcare outcomes for older adults
Examination Length	150 items, which includes 125 scored items and 25 unscored items
Administration Time	3 Hours and 45 Minutes
ECO Creation Date	April 2026

This document serves as examination specifications and certification scheme according to the respective requirements of the NCCA and ISO-IEC 17024 standards. For more information about the BCGP examination program, please refer to the candidates guide on the BPS website: www.bpsweb.org.

Eligibility Requirements

An individual must meet all three requirements listed:

- Graduation from a pharmacy program accredited by the Accreditation Council for Pharmacy Education (ACPE) or a program outside the U.S. that qualifies the individual to practice in the jurisdiction.
- A current, active license/registration to practice pharmacy in the U.S. or another jurisdiction.
- One of the following within the past 7 years:
    - At least 4 years of Geriatric Pharmacy practice experience[1], with at least 50% of time spent in the scope defined by the exam content outline
    - Successful completion of PGY1 pharmacy residency[2], plus at least 2 years of Geriatric Pharmacy practice experience[1] with at least 50% of time spent in the scope defined by the exam content outline
    - Successful completion of PGY2 pharmacy residency[2] in Geriatric Pharmacy

[1]All practice experience must be completed post-licensure/registration as a pharmacist. All applicants intending to demonstrate eligibility for any BPS certification examination utilizing the practice experience pathway must provide an attestation from their employer, on company letterhead, that verifies this experience accurately represents at least 50% of time spent in some or all of the activities defined by the applicable certification content outline. In addition, this practice experience must have occurred within the seven years immediately preceding the application. For more information, click here. A sample employer verification letter is available here.

[2]Residency programs must be accredited by or deemed candidate status by the American Society of Health-System Pharmacists (ASHP) for PGY1, PGY2, and International Pharmacy Practice Residency Programs, or accredited by the Canadian Pharmacy Residency Board (CPRB) for year-1 programs.

The rationale for the appropriateness of the requirements for BPS certification programs are based upon the following:

- *BPS recognizes individuals who graduate from a recognized school or college of pharmacy within the candidate's jurisdiction. Those jurisdictions recognize and evaluate programs on the extent to which it accomplishes its stated goals and is consistent with the concept that pharmacy is a unique, personal service profession in the health science field. In the United States, the responsibility for recognizing schools and colleges of pharmacy falls to the Accreditation Council for Pharmacy Education (ACPE).*
- *The rationale for requiring licensure or registration of pharmacists within their jurisdiction is based upon the fact that for public protection, all pharmacists must be licensed or registered. This is considered a baseline requirement to be a pharmacist specialist. In the United States, BPS recognizes the licensure process administered by the National Association of Boards of Pharmacy (NABP). The National Association of Boards of Pharmacy (NABP) aims to ensure the public's health and safety through its pharmacist license transfer and pharmacist competence assessment programs. NABP's member boards of pharmacy are grouped into eight districts that include all 50 United States, the District of Columbia, Guam, Puerto Rico, the Virgin Islands, Bahamas, and all 10 Canadian provinces.*
- *The experiential component is required to help assure practical application of components of the specialty knowledge being certified. There are multiple pathways to meet the practice experience requirement. The faster eligibility pathways recognize accredited residencies through the American Society of Health System Pharmacists (ASHP). The ASHP residency accreditation program identifies and grants public recognition to practice sites having pharmacy residency training programs that have been evaluated and found to meet the qualifications of one of the ASHP's residency accreditations standards. Thus, accreditation of a pharmacy residency program provides a means of assurance to residency applicants that a program meets certain basic requirements and is, therefore, an acceptable site for postgraduate training in pharmacy practice in organized health care.*
- *Passing the BPS pharmacy specialty examination helps assure knowledge consistent with the validated content outline for the BPS specialty.*

The appropriateness of the BPS program requirements are consistent with the Council on Credentialing in Pharmacy's Resource Paper titled: Scope of Contemporary Pharmacy Practice: Roles, Responsibilities, and Functions of Pharmacists and Pharmacy Technicians.

Examination 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	

The examination content outline is a product of a job analysis (aka role delineation study) that includes facilitation of discussions with a representative panel of 15-20 subject matter experts who identify competencies required for safe and effective pharmacy practice in this specialty area as well as a validation survey soliciting endorsement of the identified competencies from certified pharmacists in this specialty area. The job analysis process is conducted every 5 years to help ensure that the competencies in the examination content outline reflect current pharmacy practice in the specialty area.

Maintenance of Certification

Recertification Requirements	Credential-holders will be required to maintain their certification over a 7-year period by completing one of the following recertification pathways:
	
	Option One: Recertification Examination
	• BCGP with certification cycle beginning January 1, 2023 or earlier: Achieve a passing score on the examination
	• BCGP with certification cycle beginning January 1, 2024 or later: Achieve a passing score on the specialty certification examination and report 20 units of continuing professional development (CPD) (assessed CPE can also satisfy this requirement) by the end of the 7-year recertification cycle
	
	Option Two: Professional Development Program
	• BCGP with certification cycle beginning January 1, 2023 or earlier: Complete 100 units of BPS-approved, assessed continuing pharmacy education (CPE) provided by the professional development programs offered by:
	  ○ The American Society of Consultant Pharmacists (ASCP) in collaboration with the American Pharmacists Association (APhA)
	  ○ The American Society of Health-System Pharmacists (ASHP) in collaboration with The American College of Clinical Pharmacy (ACCP)
	
	• BCGP with certification cycle beginning January 1, 2024 or later: Earn 100 units, comprised of at least 80 units of assessed CPE from BPS-approved professional development programs and up to 20 units of self-reported CPD (assessed CPE can also satisfy this requirement), by the end of the 7-year recertification cycle. Assessed CPE is provided by the professional development programs offered by:
	  ○ The American Society of Consultant Pharmacists (ASCP) in collaboration with the American Pharmacists Association (APhA)
	  ○ The American Society of Health-System Pharmacists (ASHP) in collaboration with the American College of Clinical Pharmacy (ACCP)
	
	To maintain an active certification in good standing, a minimum of two units of BPS-approved, assessed CPE or self-reported CPD must be reported each year. Credential-holders may participate in recertification from any BPS-approved programs identified for the credential.

Ethics and Professionalism	The Board of Pharmacy Specialties ascribes to the belief that certification carries an obligation for ethical behavior and professionalism necessary in all conduct. Candidates or certificants who are found to have exhibited unethical behavior or lack of professionalism may be prevented from pursuing certification or may be subject to suspension or withdrawal of certification, at the discretion of the Board of Pharmacy Specialties. Please refer to the BPS Ethics and Professionalism Policy: https://www.bpsweb.org/wp-content/uploads/2015/11/ethics.pdf