Examination Specifications
Infectious Diseases Pharmacy
Board of Pharmacy Specialties

Name of Credential	BPS Board-Certified Infectious Diseases Pharmacist
Certification-Issuing Body	Board of Pharmacy Specialties
Designation Awarded	BCIDP
Level of Proficiency	Specialty Certification
Target Population	Pharmacists who lead and optimize antimicrobial stewardship and the prevention, assessment, treatment, and monitoring of patients who have or are at risk for infectious diseases
Program Purpose	To validate that the pharmacist has the advanced knowledge and experience to optimize outcomes for patients with infectious diseases, improve public health, and mitigate antimicrobial resistance
Examination Length	150 items, which includes 125 scored items and 25 unscored items
Administration Time	3 Hours and 45 Minutes
ECO Creation Date	October 2024

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 BCIDP 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 Infectious Diseases Pharmacy practice experience after licensure/registration as a pharmacist[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 Infectious Diseases 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 Infectious Diseases 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	**Pathophysiology and Epidemiology of Infections**	**18%**
1A	Causes of Infectious Diseases	**9%**
1A1	Bacterial Infections	
1A2	Viral Infections	
1A3	Fungal Infections	
1A4	Parasitic and Other Infections	
1B	Microbiology	**9%**
1B1	Microbiology Testing and Diagnostics	
1B2	Pathogen Resistance	
1B3	Virulence Factors (e.g., toxin production, biofilm)	
1B4	Immunologic Response to Infection	
2	**Therapeutics and Patient Management**	**60%**
2A	Patient Assessment	**15%**
2A1	Clinical Assessment and Screening	
2A2	Laboratory and Diagnostic Testing	
2A3	Pharmacokinetics and Pharmacodynamics	
2A4	Social Determinants of Health	
2A5	Risk Factors for Infection	
2A6	Considerations for Special Populations (e.g., age group, obesity, pregnancy, critical illness, immunocompromised)	
2B	Pharmacotherapy for Infection	**27%**
2B1	Pharmacotherapy related to Respiratory Infections	
2B2	Pharmacotherapy related to Skin and Skin-Structure Infections	
2B3	Pharmacotherapy related to Cardiovascular Infections	
2B4	Pharmacotherapy related to Bone and Joint Infections	
2B5	Pharmacotherapy related to Central Nervous System Infections	
2B6	Pharmacotherapy related to Gastrointestinal, Intra-abdominal, and Hepatic Infections	
2B7	Pharmacotherapy related to Urologic and Gynecologic Infections	
2B8	Pharmacotherapy related to Sexually Transmitted Infections	
2B9	Pharmacotherapy related to HIV and associated Opportunistic Infections	
2B10	Pharmacotherapy related to Infections in Immunocompromised Patients	
2B11	Pharmacotherapy related to Other Infections and Complications	
2C	Therapeutic Implementation, Outcomes, and Monitoring	**18%**
2C1	Medication Administration	
2C2	Adjunctive Therapies and Interventions for Infection (e.g., biologic response modifiers, corticosteroids, anticoagulation, smoking cessation)	
2C3	Therapeutic Outcomes (e.g., resolution of signs and symptoms, laboratory data, readmission, development of drug resistance)	
2C4	Therapeutic and Pharmacokinetic Monitoring (e.g., dose optimization, penetration of antimicrobials, source control, immune status, organ dysfunction)	
2C5	Adverse Drug Events and Drug Interactions	
2C6	Antimicrobial De-escalation	

2C7	Interprofessional Care Coordination and Continuity of Care (e.g., referrals, transitions of care, case management, OPAT, COPAT)	
2C8	Patient and Caregiver Education and Counseling	
2C9	Travel Medicine (e.g., immunization, prophylactic medication regimen)	
3	**Professional Practice**	**22%**
3A	Antimicrobial Stewardship	**14%**
3A1	Professional Practice Standards and Regulations	
3A2	Antimicrobial Stewardship Metrics and Reporting (e.g., DDD, DOT, SAAR)	
3A3	Resistance Tracking	
3A4	Antimicrobial Formulary Management	
3A5	Antibiogram Design and Development	
3A6	Public and Population Health (e.g., epidemiology, immunization, preventative therapy)	
3A7	Infection Prevention	
3B	Practice Management	**8%**
3B1	Information Resources and Databases	
3B2	Literature Evaluation (e.g., research methods, statistics, applicability)	
3B3	Quality Management and Process Improvement	
3B4	Clinical Informatics (e.g., clinical decision support, alerts, workflows)	

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
	• BCIDP with certification cycle beginning January 1, 2023 or earlier: Achieve a passing score on the examination
	• BCIDP 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
	• BCIDP 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:
	  ○ American Society of Health-System Pharmacists (ASHP) in collaboration with College of Clinical Pharmacy (ACCP)
	  ○ Society of Infectious Diseases Pharmacists (SIDP)
	• BCIDP 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:
	  ○ American Society of Health-System Pharmacists (ASHP) in collaboration with College of Clinical Pharmacy (ACCP)
	  ○ Society of Infectious Diseases Pharmacists (SIDP)
	
	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