

Job Analysis

Oncology Pharmacy (BCOP)

May 2026



Table of Contents

Executive Summary.....	3
Introduction	4
1. Definition of Tasks and Knowledge.....	5
2. Survey Administration and Analysis.....	9
3. Finalization of Exam Content Outline	17
Appendix A – Subject Matter Experts	20
Appendix B – Orientation Presentation	22
Appendix C – Survey Text.....	27
Appendix D – Exam Content Outline	40

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 oncology 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 oncology pharmacy specialty practice area. The outcome of this study was the creation of an examination blueprint that will be used to construct the oncology 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	19%
2	Treatment for Oncology and Classical Hematology	31%
3	Implementation, Monitoring, and Outcomes	32%
4	Professional Practice	18%

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 oncology pharmacy.

A job analysis¹, 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 validity² for an assessment³, 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 oncology pharmacy
2. Development, administration, and analysis of a survey to other qualified pharmacists who are currently engaged in oncology 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 Testing⁴ and applicable accreditation standards (NCCA⁵ and ISO/IEC 17024⁶). 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., Laczko, 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 21 subject-matter experts in oncology 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 oncology pharmacy. The dates of the meetings were 6 February and 9 March.

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 14 task statements that describe the work activities performed by an oncology pharmacist.

- 1 Evaluate biomarkers, genomics, laboratory values, molecular test results, and other patient-specific information
- 2 Establish goals of treatment in collaboration with patients, caregivers, and other healthcare professionals
- 3 Design, modify, and optimize patient-centered therapeutic and supportive care plans in alignment with evidence-based medicine, practice guidelines, and clinical findings
- 4 Monitor and manage treatment-related toxicities, long-term complications, progress toward goals of treatment, and changes in clinical status
- 5 Develop educational materials for and provide education and counseling to patients and caregivers
- 6 Educate and mentor pharmacists, learners, and other healthcare professionals
- 7 Evaluate clinical literature and its applicability to oncology pharmacy practice
- 8 Implement and/or evaluate investigational protocols
- 9 Evaluate, establish, and/or align policies and practices according to accreditation standards, regulatory requirements, and evidence-based practice
- 10 Participate in healthcare quality improvement, safety, and/or public health initiatives
- 11 Establish, maintain, and utilize systems, tools, technology, and processes to manage and optimize medication use and safety
- 12 Optimize processes to improve accessibility, availability, cost-effectiveness, and efficacy of oncology treatment and supportive care
- 13 Promote public health awareness of cancer prevention, screening, education, and resources
- 14 Engage in professional development, such as healthcare committee involvement, scholarly activities, continuing education, and professional advocacy

The panel identified four content domains that describe the key high-level components of oncology pharmacy. Across the four content domains, the panel developed 39 knowledge areas that describe specific job knowledge associated with the practice of oncology 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	Cancer Detection (e.g., screening frequency, early detection)
1.02	Cancer Prevention and Risk-Reduction
1.03	Genomic and Genetic Testing (e.g., genomic alterations, gene amplification, types of mutations, NGS)
1.04	Prognostic and Predictive Testing (e.g., IPI, FLIPI, Oncotype DX)
1.05	Biomarker Testing (e.g., PDL1, TMB, TPS, CPS)
1.06	Clinical Assessment (e.g., laboratory testing, diagnostic testing, comorbidities)
1.07	Shared Decision-Making and Goals of Treatment
1.08	Healthcare Access and Quality
2 Treatment for Oncology and Classical Hematology	
2.01	Chemotherapy
2.02	Targeted Therapy
2.03	Hormone Therapy
2.04	Immunotherapy
2.05	Surgery
2.06	Radiation Therapy
2.07	Radiopharmaceuticals
2.08	Stem Cell Transplantation
2.09	Cellular Therapy
2.10	Treatment for Classical Hematology (e.g., anticoagulants, anti-anemics, thrombopoietins, gene therapy)
2.11	Complementary and Alternative Therapies (e.g., exercise, acupuncture, supplements)
3 Implementation, Monitoring, and Outcomes	
3.01	Medication Delivery (e.g., routes of administration, delivery devices)
3.02	Pharmacogenomics
3.03	Drug Interactions
3.04	Mechanisms of Drug Resistance
3.05	Complications of Treatment and Adverse Events
3.06	Oncologic Emergencies
3.07	Palliative and Supportive Care
3.08	Hospice and Comfort Care
3.09	Survivorship Care
3.10	Interdisciplinary Care Coordination
3.11	Cancer-Support and Cancer-Education Resources

4	Professional Practice
4.01	Investigational Drug Management
4.02	Research Methods and Statistics (e.g., phases, objectives, endpoints, research study design, clinical trial design)
4.03	Regulations and Ethics (e.g., IRB/IEC, compassionate use, IND process, right-to-try)
4.04	Medication Inventory Management (e.g., pharmacoeconomics, procurement, allocation, tracking, biosimilars)
4.05	Drug Handling and Disposal (e.g., USP<800>, radiopharmaceuticals)
4.06	Medication Safety (e.g., REMS, VAERS, barcodes, ISMP)
4.07	Risk Mitigation (e.g., failure mode effects analysis, root cause analysis)
4.08	Quality Management and Process Improvement
4.09	Informatics and Clinical Decision Support Systems

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
1														
1.01	X				X	X							X	
1.02	X				X	X							X	
1.03	X		X			X								
1.04	X	X	X			X								
1.05	X	X	X		X	X								
1.06	X	X	X	X	X	X								
1.07		X	X	X	X	X								
1.08		X			X					X		X	X	
2														
2.01	X	X	X	X	X	X	X							
2.02	X	X	X	X	X	X	X							
2.03	X	X	X	X	X	X	X							
2.04	X	X	X	X	X	X	X							
2.05		X	X	X		X	X							
2.06		X	X	X	X	X	X							
2.07	X		X	X	X	X	X							
2.08	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 oncology pharmacy practice?
	How important is this knowledge area to oncology 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 oncology pharmacy practice?
	How frequently is this knowledge used in oncology 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 18-26 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 31 March to 11 May 2026. All pharmacists who hold the BCOP credential were directly invited via email to complete the online survey. The survey was also

disseminated through the following affiliate organizations: Hematology/Oncology Pharmacy Association (HOPA), American College of Clinical Pharmacy (ACCP).

The survey yielded 210 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 oncology pharmacy.

Responses to Demographic Questions			
Percentage of Professional Practice in Oncology Pharmacy		<i>n</i>	
Mean = 94.9 SD = 11.9			
50 – 75		17	
76 – 99		34	
100		159	
Time Spent in Professional Role		<i>n</i> (>50%)	Average %
Direct Patient Care		113	51.6%
Investigational Drug Research		13	8.5%
Administration / Management		16	13.9%
Pharmacogenomics		1	4.8%
Teaching / Precepting		0	9.9%
Research / Scholarship		0	3.4%
Other		13	7.4%
Years of Experience in Pharmacy		<i>n</i>	%
Mean = 15.8 SD = 8.9			
0 to 5		23	11.0%
6 to 10		42	20.0%
11 to 15		53	25.2%
16 to 20		39	18.6%
20+		53	25.2%
Years of Experience in Oncology Pharmacy		<i>n</i>	%
Mean = 12.8 SD = 7.8			
0 to 5		35	16.7%
6 to 10		59	28.1%
11 to 15		59	28.1%
16 to 20		26	12.4%
20+		31	14.8%
BPS Certifications		<i>n</i>	
BCACP - Ambulatory Care		0	
BCCCP - Critical Care		1	
BCCP - Cardiology		1	
BCEMP - Emergency Medicine		0	
BCGP - Geriatric		1	
BCIDP - Infectious Diseases		0	
BCNP - Nuclear		0	

BCNSP- Nutrition Support	2	
BCOP - Oncology	200	
BCPMP - Pain Management	0	
BCPP - Psychiatric	0	
BCPPS - Pediatric	1	
BCPS - Pharmacotherapy	36	
BCSCP - Compounded Sterile Preparations	2	
BCTXP - Solid Organ Transplantation	0	
Post-graduate pharmacy residency programs	n	
PGY1 Pharmacy	127	
PGY1 Managed Care Pharmacy	0	
PGY1 Community-Based Pharmacy	1	
PGY2 Ambulatory Care Pharmacy	0	
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	1	
PGY2 Emergency Medicine Pharmacy	0	
PGY2 Geriatric Pharmacy	0	
PGY2 Health System Pharmacy Administration and Leadership	0	
PGY2 Infectious Diseases Pharmacy	1	
PGY2 Internal Medicine Pharmacy	0	
PGY2 Investigational Drugs and Research	0	
PGY2 Medication Use Safety and Policy	0	
PGY2 Neurology	0	
PGY2 Oncology Pharmacy	96	
PGY2 Palliative Care / Pain Management Pharmacy	1	
PGY2 Pediatric Pharmacy	2	
PGY2 Pharmacotherapy	1	
PGY2 Pharmacy Informatics	0	
PGY2 Population Health Management and Data Analytics Pharmacy	0	
PGY2 Psychiatric Pharmacy	0	
PGY2 Solid Organ Transplant Pharmacy	0	
PGY2 Specialty Pharmacy Administration and Leadership	0	
Other	12	
Primary Practice Setting	n	%
Academic Institution / Educational Institution	15	7.1%
Academic Medical Center or Hospital	71	33.8%
Children's Hospital	4	1.9%
Community Hospital	28	13.3%

Community Pharmacy	0	0.0%
Home Infusion / Ambulatory Infusion	7	3.3%
Hospice	0	0.0%
Hybrid Academic-Community Hospital	1	0.5%
Integrated Health System / Accountable Care Organization	2	1.0%
Investigational Drug Service	5	2.4%
Long-Term Care Pharmacy	0	0.0%
Managed Care	2	1.0%
Oncology Clinic / Oncology Office	44	21.0%
Pharmaceutical Industry	11	5.2%
Specialty Pharmacy	3	1.4%
Governmental Healthcare Facility / Veterans Affairs Hospital	9	4.3%
Other	8	3.8%
Location of Primary Practice	n	%
United States	194	92.4%
AL	3	1.4%
AR	1	0.5%
AZ	5	2.4%
CA	21	10.0%
CO	3	1.4%
CT	1	0.5%
DC	1	0.5%
FL	7	3.3%
GA	3	1.4%
HI	1	0.5%
IA	3	1.4%
ID	4	1.9%
IL	6	2.9%
IN	4	1.9%
KS	2	1.0%
KY	7	3.3%
LA	1	0.5%
MA	10	4.8%
MD	5	2.4%
ME	1	0.5%
MI	3	1.4%
MN	4	1.9%
MO	6	2.9%
NC	9	4.3%
ND	1	0.5%
NE	5	2.4%

NH	1	0.5%
NJ	3	1.4%
NM	2	1.0%
NY	6	2.9%
OH	5	2.4%
OK	3	1.4%
OR	1	0.5%
PA	12	5.7%
RI	1	0.5%
SC	2	1.0%
SD	1	0.5%
TN	6	2.9%
TX	13	6.2%
UT	3	1.4%
VA	3	1.4%
WA	9	4.3%
WI	6	2.9%
Outside of United States	16	7.6%
Australia	2	1.0%
Canada	5	2.4%
Egypt	2	1.0%
Malaysia	1	0.5%
Philippines	1	0.5%
Spain	1	0.5%
Taiwan	3	1.4%
UAE	1	0.5%

Mean Ratings for Task Statements		IMP	FRQ
1	Evaluate biomarkers, genomics, laboratory values, molecular test results, and other patient-specific information	4.28	4.33
2	Establish goals of treatment in collaboration with patients, caregivers, and other healthcare professionals	3.75	3.66
3	Design, modify, and optimize patient-centered therapeutic and supportive care plans in alignment with evidence-based medicine, practice guidelines, and clinical findings	4.65	4.56
4	Monitor and manage treatment-related toxicities, long-term complications, progress toward goals of treatment, and changes in clinical status	4.53	4.43
5	Develop educational materials for and provide education and counseling to patients and caregivers	3.76	3.76
6	Educate and mentor pharmacists, learners, and other healthcare professionals	3.89	3.80
7	Evaluate clinical literature and its applicability to oncology pharmacy practice	4.14	3.91
8	Implement and/or evaluate investigational protocols	3.08	2.85
9	Evaluate, establish, and/or align policies and practices according to accreditation standards, regulatory requirements, and evidence-based practice	3.69	3.38
10	Participate in healthcare quality improvement, safety, and/or public health initiatives	3.15	2.76
11	Establish, maintain, and utilize systems, tools, technology, and processes to manage and optimize medication use and safety	3.86	3.57
12	Optimize processes to improve accessibility, availability, cost-effectiveness, and efficacy of oncology treatment and supportive care	3.85	3.47
13	Promote public health awareness of cancer prevention, screening, education, and resources	2.82	2.02
14	Engage in professional development, such as healthcare committee involvement, scholarly activities, continuing education, and professional advocacy	3.46	3.24

Mean Ratings for Knowledge Statements			
1	Patient Assessment and Care Planning	IMP	FRQ
1.01	Cancer Detection (e.g., screening frequency, early detection)	2.65	2.22
1.02	Cancer Prevention and Risk-Reduction	2.71	2.25
1.03	Genomic and Genetic Testing (e.g., genomic alterations, gene amplification, types of mutations, NGS)	4.13	3.93
1.04	Prognostic and Predictive Testing (e.g., IPI, FLIPI, Oncotype DX)	3.63	3.43
1.05	Biomarker Testing (e.g., PDL1, TMB, TPS, CPS)	4.30	4.21
1.06	Clinical Assessment (e.g., laboratory testing, diagnostic testing, comorbidities)	4.58	4.63
1.07	Shared Decision-Making and Goals of Treatment	3.85	3.65
1.08	Healthcare Access and Quality	3.57	3.17
2	Treatment for Oncology and Classical Hematology	IMP	FRQ
2.01	Chemotherapy	4.84	4.89
2.02	Targeted Therapy	4.84	4.87

2.03	Hormone Therapy	4.39	4.34
2.04	Immunotherapy	4.82	4.83
2.05	Surgery	2.99	2.79
2.06	Radiation Therapy	3.04	3.03
2.07	Radiopharmaceuticals	2.88	2.29
2.08	Stem Cell Transplantation	3.95	3.36
2.09	Cellular Therapy	4.06	3.43
2.10	Treatment for Classical Hematology (e.g., anticoagulants, anti-anemics, thrombopoietins, gene therapy)	3.87	3.74
2.11	Complementary and Alternative Therapies (e.g., exercise, acupuncture, supplements)	2.68	2.68
3	Implementation, Monitoring, and Outcomes	IMP	FRQ
3.01	Medication Delivery (e.g., routes of administration, delivery devices)	4.20	4.27
3.02	Pharmacogenomics	3.85	3.51
3.03	Drug Interactions	4.60	4.62
3.04	Mechanisms of Drug Resistance	3.64	3.24
3.05	Complications of Treatment and Adverse Events	4.72	4.62
3.06	Oncologic Emergencies	4.54	3.72
3.07	Palliative and Supportive Care	4.10	3.85
3.08	Hospice and Comfort Care	3.50	3.06
3.09	Survivorship Care	3.22	2.59
3.10	Interdisciplinary Care Coordination	4.12	3.98
3.11	Cancer-Support and Cancer-Education Resources	3.50	3.32
4	Professional Practice	IMP	FRQ
4.01	Investigational Drug Management	3.22	2.80
4.02	Research Methods and Statistics (e.g., phases, objectives, endpoints, research study design, clinical trial design)	3.33	3.11
4.03	Regulations and Ethics (e.g., IRB/IEC, compassionate use, IND process, right-to-try)	3.05	2.61
4.04	Medication Inventory Management (e.g., pharmacoeconomics, procurement, allocation, tracking, biosimilars)	3.44	3.43
4.05	Drug Handling and Disposal (e.g., USP<800>, radiopharmaceuticals)	3.71	3.63
4.06	Medication Safety (e.g., REMS, VAERS, barcodes, ISMP)	3.70	3.64
4.07	Risk Mitigation (e.g., failure mode effects analysis, root cause analysis)	3.35	2.85
4.08	Quality Management and Process Improvement	3.42	3.06
4.09	Informatics and Clinical Decision Support Systems	3.50	3.27

An exploratory factor analysis⁷ using maximum likelihood extraction and varimax rotation⁸ was performed on the importance ratings provided for the knowledge areas. One factor emerged, with an eigenvalue of 9.98, as the primary factor explaining 25.58% of the variability in importance ratings. All subsequent factors had eigenvalues of 3.42 or less and each explained less than 8.78% of the variability in importance ratings. 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 May 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 oncology pharmacy.

The panelists agreed to retain all the task statements developed.

The panelists agreed to retain all but one of the knowledge statements developed and made edits to three knowledge statements.

- (Cancer Detection) and 1.02 (Cancer Prevention and Risk-Reduction) were combined such that 1.01 was removed and 1.02 now reads: Cancer Detection, Prevention, and Risk-Reduction
- 3.04 (Mechanisms of Drug Resistance) was edited to read: Mechanisms of Drug Actions/Resistance
- 3.11 (Cancer-Support and Cancer-Education Resources) was edited to read: Patient Education, Counseling, and Resources

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 Weighting: Examination Content Outline		Final Weight	Draft Weight	Criticality
1	Patient Assessment and Care Planning	19%	18.93%	99.50
1.01	Cancer Detection, Prevention, and Risk-Reduction	-	1.2%	6.10
1.02	Genomic and Genetic Testing (e.g., genomic alterations, gene amplification, types of mutations, NGS)	-	3.1%	16.24
1.03	Prognostic and Predictive Testing (e.g., IPI, FLIPI, Oncotype DX)	-	2.4%	12.46
1.04	Biomarker Testing (e.g., PDL1, TMB, TPS, CPS)	-	3.5%	18.14
1.05	Clinical Assessment (e.g., laboratory testing, diagnostic testing, comorbidities)	-	4.0%	21.18
1.06	Shared Decision-Making and Goals of Treatment	-	2.7%	14.07
1.07	Healthcare Access and Quality	-	2.2%	11.31
2	Treatment for Oncology and Classical Hematology	31%	30.91%	162.49
2.01	Chemotherapy	-	4.5%	23.66
2.02	Targeted Therapy	-	4.5%	23.55
2.03	Hormone Therapy	-	3.6%	19.05
2.04	Immunotherapy	-	4.4%	23.27
2.05	Surgery	-	1.6%	8.33
2.06	Radiation Therapy	-	1.8%	9.22
2.07	Radiopharmaceuticals	-	1.3%	6.57
2.08	Stem Cell Transplantation	-	2.5%	13.25
2.09	Cellular Therapy	-	2.6%	13.93
2.10	Treatment for Classical Hematology (e.g., anticoagulants, anti-anemics, thrombopoietins, gene therapy)	-	2.8%	14.49
2.11	Complementary and Alternative Therapies (e.g., exercise, acupuncture, supplements)	-	1.4%	7.17
3	Implementation, Monitoring, and Outcomes	32%	31.60%	166.06
3.01	Medication Delivery (e.g., routes of administration, delivery devices)	-	3.4%	17.92
3.02	Pharmacogenomics	-	2.6%	13.52
3.03	Drug Interactions	-	4.0%	21.27
3.04	Mechanisms of Drug Actions/Resistance	-	2.2%	11.80
3.05	Complications of Treatment and Adverse Events	-	4.1%	21.80
3.06	Oncologic Emergencies	-	3.2%	16.92
3.07	Palliative and Supportive Care	-	3.0%	15.76
3.08	Hospice and Comfort Care	-	2.0%	10.70
3.09	Survivorship Care	-	1.6%	8.34
3.10	Interdisciplinary Care Coordination	-	3.1%	16.40
3.11	Patient Education, Counseling, and Resources	-	2.2%	11.65

4	Professional Practice	18%	18.56%	97.55
4.01	Investigational Drug Management	-	1.7%	9.01
4.02	Research Methods and Statistics (e.g., phases, objectives, endpoints, research study design, clinical trial design)	-	2.0%	10.38
4.03	Regulations and Ethics (e.g., IRB/IEC, compassionate use, IND process, right-to-try)	-	1.5%	7.98
4.04	Medication Inventory Management (e.g., pharmacoeconomics, procurement, allocation, tracking, biosimilars)	-	2.2%	11.79
4.05	Drug Handling and Disposal (e.g., USP<800>, radiopharmaceuticals)	-	2.6%	13.48
4.06	Medication Safety (e.g., REMS, VAERS, barcodes, ISMP)	-	2.6%	13.48
4.07	Risk Mitigation (e.g., failure mode effects analysis, root cause analysis)	-	1.8%	9.55
4.08	Quality Management and Process Improvement	-	2.0%	10.45
4.09	Informatics and Clinical Decision Support Systems	-	2.2%	11.43

See Appendix D for the final Examination Content Outline.

Appendix A – Subject Matter Experts

Name	Credentials	Experience	Job Title	Company	Location	Practice Setting	Sub-specialty
Justin Arnall	PharmD, BCOP	10 Years	Clinical Coordinator, Hematology	Atrium Health of Advocate Health	NC	Specialty Pharmacy	Benign Hematology
Leslie Carlin	PharmD, BCOP	7 Years	Clinical Oncology Pharmacist-BMT/Heme Malignancies	St. Luke's Health System	ID	Community Hospital	Malignant Hematology
Jianyu Dai	PharmD, MPH, BCCCP, BCOP, BCPS	10 Years	Oncology clinical pharmacist	MedStar Georgetown University Hospital	DC	Academic Medical Center/ Hospital	Solid Tumors
Thu Oanh Dang	PharmD, MBA, BCOP	15 Years	Oncology Pharmacy Specialist	Massachusetts General Hospital	MA	Academic Medical Center/ Hospital	Malignant Hematology
John Garrett	PharmD, MS, BCOP	11 Years	Infusion Pharmacy Supervisor	UC San Diego Health	CA	Academic Medical Center/ Hospital	Malignant Hematology
Evelyn Handel	PharmD, BCOP, BCPS	15 Years	Senior Director, Drugs & Biologics Programs	NCCN	PA	Academic Institution	Solid Tumors
Diana Kostoff	BSP Pharm, PharmD, BCOP, BCPS	16 Years	Senior Application Analyst Pharmacist - Beacon Oncology	Henry Ford Health	MI	Academic Medical Center/ Hospital	Pharmacogenomics
Alexis Kuhn	PharmD, BCOP	11 Years	Pediatric Oncology Pharmacist	Mayo Clinic	MN	Academic Medical Center/ Hospital	Pediatric Patient Population
Ruby Leong	PharmD, BCOP	16 Years	Associate Director for Therapeutic Review	FDA, Division of Cancer Pharmacology II	MD	Government Healthcare Facility	Investigational Drug Research
JoAnn Lim	PharmD, BCOP	30 Years	Clinical Pharmacy Specialist	MD Anderson Cancer Center	TX	Academic Medical Center/ Hospital	Investigational Drug Research
Izabela Mazur	PharmD, BCOP	6 Years	Clinical Pharmacist Practitioner	John D Dingell VA Med Center	MI	Government Healthcare Facility	Solid Tumors

Anli McCoy	PharmD, BCOP	9 Years	Oncology Clinical Pharmacy Manager	The Christ Hospital	OH	Community Hospital	Solid Tumors
Carolyn Oxencis	PharmD, BCOP	14 Years	Clinical Pharmacist; Clinical Assistant Professor	Froedtert & the Medical College of Wisconsin; MCW School of Pharmacy	WI	Academic Medical Center/ Hospital	Pharmacogenomics
Molly Schmidt	PharmD, BCOP, BCPS	4 Years	Oral Oncolytic Pharmacist	MaineHealth	ME	Oncology Clinic/ Hospital	Solid Tumors
Jim Siderov	AM, BPharm, MClPharm, BCOP, FSHP, AdvPrac-Pharm, FANZCAP	36 Years	Senior Pharmacist, Cancer Services	Austin Health-Australia	AUS	Academic Medical Center/ Hospital	Solid Tumors
Michael Singel	PharmD, BS, BCOP, BCPS	7 Years	Clinical Pharmacy Specialist	The Johns Hopkins Hospital	MD	Academic Institution	Malignant Hematology
Kate Deen Taucher	PharmD, MHA, BCOP	12 Years	System Director, Oncology, Infusion, and Investigational Pharmacy Services	UCHealth	CO	Academic Medical Center/ Hospital	Solid Tumors
Thuy Tran	PharmD, BCOP	7 Years	Lead Clinical Pharmacy Specialist	Atrium Health Specialty Pharmacy	NC	Specialty Pharmacy	Solid Tumors
Kristin Wheatley	PharmD, BCOP	16 Years	Clinical Pharmacy Specialist, Pediatric Oncology and Infectious Diseases	Lehigh Valley Health Network	PA	Community Hospital	Pediatric Patient Population
Mei-Ting Wong	PharmD, BCOP	10 Years	pharmacy manager	NYU Langone Health	NY	Home/ Ambulatory Infusion	Solid Tumors
Lucy Yu	PharmD, BCOP, BCPS	3 Years	Clinical Pharmacy Specialist, Gynecologic Oncology and Symptom Management	Dana-Farber Cancer Institute	MA	Academic Institution	Solid Tumors

Job Analysis



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



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



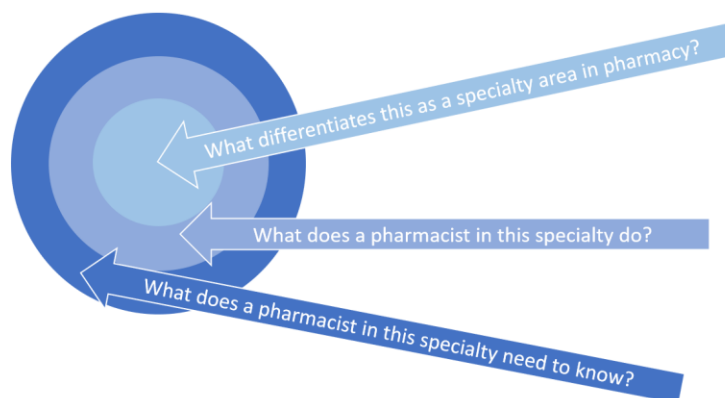
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Multiple Levels of Analysis

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



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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	Domains
1	Content Domain	Chocolate	The Major Aspects of Practice Area
1A	Content Subdomain	History	
1A1	Knowledge Area	Mesoamerican Usage	Subdomains Meaningful Divisions within the Domain
1A2	Knowledge Area	European Adaptation	
1A3	Knowledge Area	Modern Production	
1B	Content Subdomain	Types	Knowledge Areas The Knowledge Assessed by Exam Items Each of these should be written such that they can be preceded by the phrase "Knowledge of"
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

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

	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

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.

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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

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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



BPS 2026 BCOP Job Analysis Survey Survey Introduction

The Board of Pharmacy Specialties (BPS) is conducting a Job Analysis for the Board-Certified Oncology Pharmacy (BCOP) 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 oncology pharmacy.

Survey respondents will be prompted to rate each task and knowledge area on its importance to oncology 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 BCOP Job Analysis Survey

Task Statements

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

	Importance	Frequency
Evaluate biomarkers, genomics, laboratory values, molecular test results, and other patient-specific information		
Establish goals of treatment in collaboration with patients, caregivers, and other healthcare professionals		
Design, modify, and optimize patient-centered therapeutic and supportive care plans in alignment with evidence-based medicine, practice guidelines, and clinical findings		
Monitor and manage treatment-related toxicities, long-term complications, progress toward goals of treatment, and		

changes in
clinical status

Develop educational materials for and provide education and counseling to patients and caregivers		
Educate and mentor pharmacists, learners, and other healthcare professionals		
Evaluate clinical literature and its applicability to oncology pharmacy practice		
Implement and/or evaluate investigational protocols		
Evaluate, establish, and/or align policies and practices according to accreditation standards, regulatory requirements, and evidence-based practice		
Participate in healthcare quality improvement, safety, and/or public health initiatives		
Establish, maintain, and utilize systems, tools, technology, and processes to manage and optimize medication use and safety		
Optimize processes to improve accessibility, availability, cost-effectiveness, and efficacy of		

oncology treatment and supportive care Promote public health awareness of cancer prevention, screening, education, and resources Engage in professional development, such as healthcare committee involvement, scholarly activities, continuing education, and professional advocacy		

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



BPS 2026 BCOP Job Analysis Survey
 Knowledge Areas

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

	Importance	Frequency
Cancer Detection (e.g., screening frequency, early detection)		
Cancer Prevention and Risk-Reduction		
Genomic and Genetic Testing (e.g., genomic alterations, gene amplification, types of mutations, NGS)		
Prognostic and Predictive Testing (e.g., IPI, FLIPI, Oncotype DX)		
Biomarker Testing (e.g., PDL1, TMB, TPS, CPS)		
Clinical Assessment (e.g., laboratory testing, diagnostic testing, comorbidities)		
Shared Decision-Making and Goals of Treatment		
Healthcare Access and Quality		

Please rate each knowledge area in the Treatment for Oncology and Classical Hematology content domain according to its importance to oncology pharmacy practice and the frequency of its use in oncology pharmacy practice.

	Importance	Frequency
Chemotherapy		
Targeted Therapy		
Hormone Therapy		
Immunotherapy		
Surgery		
Radiation Therapy		
Radiopharmaceuticals		
Stem Cell Transplantation		
Cellular Therapy		
Treatment for Classical Hematology (e.g., anticoagulants, anti-anemics, thrombopoietins, gene therapy)		
Complementary and Alternative Therapies (e.g., exercise, acupuncture, supplements)		

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

	Importance	Frequency
Medication Delivery (e.g., routes of administration, delivery devices)		
Pharmacogenomics		
Drug Interactions		
Mechanisms of Drug Resistance		
Complications of Treatment and Adverse Events		
Oncologic Emergencies		
Palliative and Supportive Care		
Hospice and Comfort Care		
Survivorship Care		
Interdisciplinary Care Coordination		
Cancer-Support and Cancer-Education Resources		

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

	Importance	Frequency
Investigational Drug Management		
Research Methods and Statistics (e.g., phases, objectives, endpoints, research study design, clinical trial design)		
Regulations and Ethics (e.g., IRB/IEC, compassionate use, IND process, right-to-try)		
Medication Inventory Management (e.g., pharmacoeconomics, procurement, allocation, tracking, biosimilars)		
Drug Handling and Disposal (e.g., USP<800>, radiopharmaceuticals)		
Medication Safety (e.g., REMS, VAERS, barcodes, ISMP)		
Risk Mitigation (e.g., failure mode effects analysis, root cause analysis)		
Quality Management and Process Improvement		
Informatics and Clinical Decision Support Systems		

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

BPS 2026 BCOP Job Analysis Survey

Survey Respondent Demographics

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

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

Direct Patient Care

Investigational Drug Research

Administration / Management

Pharmacogenomics / Precision Medicine

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 oncology 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
- ☐ Oncology Clinic / Oncology Office
- ☐ 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)

Nation/Country



BPS 2026 BCOP 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	19%
1.01	Cancer Detection, Prevention, and Risk-Reduction	
1.02	Genomic and Genetic Testing (e.g., genomic alterations, gene amplification, types of mutations, NGS)	
1.03	Prognostic and Predictive Testing (e.g., IPI, FLIPI, Oncotype DX)	
1.04	Biomarker Testing (e.g., PDL1, TMB, TPS, CPS)	
1.05	Clinical Assessment (e.g., laboratory testing, diagnostic testing, comorbidities)	
1.06	Shared Decision-Making and Goals of Treatment	
1.07	Healthcare Access and Quality	
2	Treatment for Oncology and Classical Hematology	31%
2.01	Chemotherapy	
2.02	Targeted Therapy	
2.03	Hormone Therapy	
2.04	Immunotherapy	
2.05	Surgery	
2.06	Radiation Therapy	
2.07	Radiopharmaceuticals	
2.08	Stem Cell Transplantation	
2.09	Cellular Therapy	
2.10	Treatment for Classical Hematology (e.g., anticoagulants, anti-anemics, thrombopoietins, gene therapy)	
2.11	Complementary and Alternative Therapies (e.g., exercise, acupuncture, supplements)	
3	Implementation, Monitoring, and Outcomes	32%
3.01	Medication Delivery (e.g., routes of administration, delivery devices)	
3.02	Pharmacogenomics	
3.03	Drug Interactions	
3.04	Mechanisms of Drug Actions/Resistance	
3.05	Complications of Treatment and Adverse Events	
3.06	Oncologic Emergencies	
3.07	Palliative and Supportive Care	
3.08	Hospice and Comfort Care	
3.09	Survivorship Care	
3.10	Interdisciplinary Care Coordination	
3.11	Patient Education, Counseling, and Resources	
4	Professional Practice	18%
4.01	Investigational Drug Management	
4.02	Research Methods and Statistics (e.g., phases, objectives, endpoints, research study design, clinical trial design)	
4.03	Regulations and Ethics (e.g., IRB/IEC, compassionate use, IND process, right-to-try)	

- 4.04 Medication Inventory Management (e.g., pharmacoeconomics, procurement, allocation, tracking, biosimilars)
- 4.05 Drug Handling and Disposal (e.g., USP<800>, radiopharmaceuticals)
- 4.06 Medication Safety (e.g., REMS, VAERS, barcodes, ISMP)
- 4.07 Risk Mitigation (e.g., failure mode effects analysis, root cause analysis)
- 4.08 Quality Management and Process Improvement
- 4.09 Informatics and Clinical Decision Support Systems