Request for proposals

to provide a

professional development program

for the recertification of

Board-Certified Pain Management Pharmacists

Issued by

The Board of Pharmacy Specialties
and the Pain Management Pharmacy Specialty Council

2215 Constitution Avenue, NW
Washington, DC 20037-2985
202-946-5026

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This document contains the official request for proposal (RFP) specifications. This RFP and the contained specifications supersede any previous documentation you may have received. The Board of Pharmacy Specialties (BPS) reserves the right to make changes to the specifications of the RFP. All information contained within this RFP is confidential. Distribution is at the discretion of BPS.

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I. Introduction

The Board of Pharmacy Specialties (BPS) and the Pain Management Pharmacy Specialty Council issue this request for proposals (RFP) to identify professional development programs appropriate for the recertification of board-certified pain management pharmacists (BCPMP). Such programs must provide a postgraduate, curricular approach to lifelong learning, as well as an assessment of the participant's level of contemporary knowledge and skills consistent with the most recently approved examination content outline for the respective specialty area. The number of programs to be approved is limited, and it is expected that the number of providers per specialty area will range between one and three based on the evaluation of the responses. **For proposal consideration, all prospective professional development program providers must currently be accredited providers of continuing pharmacy education (CPE) programs by the Accreditation Council for Pharmacy Education (ACPE) and be in good standing.** BPS strongly encourages collaboration between potential providers when developing responses to this RFP.

BPS is an organization within pharmacy that formally recognizes specialty practice areas and certifies specialists. For each recognized specialty practice area, a specialty council is established. The BPS Specialty Councils were created to develop a psychometrically sound and legally defensible certification and recertification process for pharmacists. Additional background information can be found in Section VI.

BPS complies with National Commission for Certifying Agencies (NCCA) Accreditation Standard 21 on maintenance of certification.

1. NCCA defines recertification as "requirements and procedures established as part of a certification program that the certificated must meet to maintain competence and renew their certification."
2. The recertification requirements can measure and/or promote continued competence.

The purpose of recertification is to help ensure that the credential holder demonstrates a continued commitment to maintaining and further developing the competencies necessary for safe and effective practice in that specialty area.

BPS recognizes that the level of competency required for a specialty certification program will evolve as that specialty practice and its associated competencies advance and are validated through periodic job analyses (approximately every 5 years) to develop and update the examination content outline for each BPS specialty program. Recertification, which is required every 7 years, is a process by which a board-certified pharmacist demonstrates maintenance of a defined level of contemporary knowledge and skills in the respective specialty and attests to current licensure/registration in pharmacy. Assessment of contemporary knowledge and skills will be accomplished through one of two recertification pathways.

Pathway 1: Recertification by professional development program

- Successfully complete a total of 100 units, comprised of:
    - At least 80 units of BPS-approved, assessed CPE
        - Up to 40 of the 80 units may be claimed to meet the requirements of two or more certifications

    AND

    - Up to 20 units of self-selected/self-reported continuing professional development (CPD) activities, including:
        - CPE and CPD portfolios
        - Academic, Professional, and Interprofessional Study
        - Teaching and Precepting Learners
        - Scholarly Activities

- Workplace Activities
- Leadership and Professional Service

OR

Pathway 2: Recertification by examination

- Achieve a passing score on the recertification examination

AND

- Successfully complete a total of 20 units of self-selected/self-reported CPD activities, including:
  - BPS-approved, assessed CPE
  - Academic/professional/interprofessional study
  - Continuing education portfolios
  - Teaching and/or precepting learners
  - Scholarly activities
  - Workplace activities
  - Leadership/professional service

BPS recognizes active certification status to mean the certificant has met requirements to obtain the certification, holds an active license/registration to practice as a pharmacist, is up-to-date on all outstanding fees, and for any certification with a cycle beginning January 1, 2024 or after, satisfies the annual minimum CPE/CPD requirements. For additional information on certification statuses and annual requirements, click here.

This RFP concerns the BPS-approved, assessed CPE component of maintenance of certification. Contracts for the recertification program of board-certified pain management pharmacists will be awarded for 5 years beginning January 1, 2026, through December 31, 2030, in order to align with the next all specialty RFP for the contract period beginning January 1, 2031.

The goal of the BPS professional development program (PDP) provider contract will be to provide additional rigor and stability for the recertification of board-certified pharmacists. New provider proposals will be reviewed and considered only if a provider is unable to fulfill the terms of the contract or during the regularly scheduled RFP period described above.

BPS expects that approved PDP providers will work to enhance the value of their recertification program for board-certified pharmacists, including taking actions to increase the program's quality, relevance, and meaningfulness while being mindful of time, administrative burden, and costs (monetary and otherwise) associated with participation. In addition, providers are to incorporate components of professional responsibility, ethics, and high-quality, person-centered care into the programs for recertification. These are not stand-alone components; they should be incorporated where feasible into some or all program offerings.

II. Scope of proposal

A. Required items for the proposal

Proposals to serve as a professional development program provider for the recertification of board-certified pharmacists must include all of the following items:

1. Title page that includes the RFP subject, name of the organization or lead contractor, address, telephone number, email, contact person or project director, and date of submission
2. Executive summary chart that highlights key elements of the proposal (see Appendix A for chart format)
3. List of the specific content areas of the program mapped to the specialty content outline and availability dates for recertification activities over the 5-year period (approximate dates for beyond year 3 is acceptable)
4. Detailed description of the method/format for delivery of content
5. Estimate of the average cost of CPE per hour per certificant
6. Description of the quality assurance process and procedures to update content
7. Names of qualified experts, peer reviewers, project director, professional and nonprofessional staff, and other volunteers; their pertinent credentials; title; employer; city; and state
8. Detailed explanation of how assessment will take place and how results will be reported to the participant and to BPS
9. Description of the provider's qualifications to deliver programming

B. Criteria for the professional development program

Proposals to serve as a professional development program provider for the recertification of board-certified pharmacists must address all of the following criteria:

1. Content must address all domains of contemporary pharmacy practice within the respective specialty, in a curricular approach aligned with the *current* examination content outline among the program's total list of offerings. (See the current examination content outline on the BPS website.)
2. Content must be developed by qualified experts in the field with appropriate practice representation that considers expertise, experience, setting, and location inside or outside the United States. Qualified experts may include any health care practitioner or researcher; however, at least 65% or greater of qualified experts among the program's total list of offerings must hold BPS board certification in the applicable specialty area. International practice perspective in the recruitment of qualified experts is encouraged.
3. Content must receive peer review to ensure the pertinence and accuracy for the contemporary practice of the respective specialty. At least 75% of peer reviewers (or no fewer than two reviewers) among the program's total list of offerings must hold BPS board certification in the applicable specialty area. International practice perspective in the recruitment process for peer reviewers is strongly encouraged.
4. Content must provide a minimum of 70 units of BPS-approved, assessed CPE over a 5-year period, which is approximately a minimum of 14 units per year starting in Year 1. A variety of delivery and instructional methods should be implemented for the purpose of meeting the various learning needs of board-certified pharmacists. Content may be delivered to participants through any appropriate means (e.g., live or recorded lectures, print materials, interactive teleconferences or webinars, podcasts). Active learning exercises may also be utilized (e.g., adaptive learning, case-based scenarios, discussion, demonstration, role play, simulations, technology-based training).
5. While this RFP focuses on the requirements for board-certified pharmacists to complete at least 80 units of BPS-approved, assessed CPE, providers can also develop offerings to satisfy the 20 units of self-selected CPD activity. The creation of those offerings is outside of the scope of this RFP and should not be included.

6. Content must include a brief description of the target audience based on the breadth of patient and practice focuses well as the level of knowledge, skills, and experience for each recertification offering beyond the statement of the audience being board-certified pharmacists. The purpose of this request is to assist board-certified pharmacists in selecting recertification offerings that best meet their professional development needs.
7. CPE must comply with the criteria established by ACPE.
8. The provider must publish a publicly available statement about the relationship between BPS and BPS-approved recertification programs. "The [organization(s)] is/are approved by BPS as a provider for the recertification of BCPMP." BPS will provide an official provider badge, logo, or designation to differentiate BPS-approved recertification activities from ACPE activities. This designation must be used with each offering.
9. Assessment for CPE to evaluate knowledge and cognitive problem-solving skills must be provided as part of the content and should be constructed in a manner that is consistent with a peer-reviewed, evidence-based, defensible process. (See Appendix B.) The professional development provider holds primary responsibility for ensuring that assessments are curated using psychometrically sound and valid methods. It is the responsibility of the provider to determine the method for achieving this requirement (e.g., external psychometric consultant, volunteer expertise). Please note that setting an arbitrary passing rate is not an acceptable practice. Should providers desire to set a different passing rate for ACPE credit versus BPS credit, rationale must be provided.
10. Assessment for CPE must be designed to provide feedback to participants (e.g., references, evaluations, constructive criticism, justification/explanation) in order to support the principle that recertification is a formative activity. In addition, the professional development provider is responsible for maintaining a pathway in which learners may challenge failing scores on assessments.
11. Assessment expiration dates must be established no later than 12 months after the activity or module release date. An activity or module can be extended beyond 12 months by developing a different assessment. Please note that BPS will credit units to certificants only upon successful completion of activities and not upon the purchase or expiration date.
12. Assessment results and recertification credit for each board-certified pharmacist (information on the individuals who successfully complete professional development activities) must be reported to BPS with the ACPE-assigned Universal Activity Number (UAN) through ZapCertify CE Manage Webservice, ideally within 24 hours and no later than 60 days after the assessment due date. PDP providers must use a learning management system (LMS) with interface capability to BPS's database for the purpose of live, real-time reporting.
13. The PDP provider will engage in an ongoing quality monitoring and auditing process, participate in the appropriate BPS Specialty Council review process, and receive and implement feedback to improve its program for recertification.
14. Providers are required to electronically submit the ACPE activity description forms at least 14 days prior to the release date of an activity.[1] The activity description forms are retained in a database accessible at all times by BPS. BPS-approved providers must review the material at least once every 3 years, or more frequently if indicated by new scientific developments. If a UAN expires and the provider desires to continue the activity, the provider should assign a new UAN. This new UAN ensures that the provider reviewed the content for currency and accuracy and updated the content if necessary. Accredited providers can access their activity description forms and make certain modifications. Providers are required to update their forms as necessary and to monitor the

[1] Adapted from Accreditation Council for Pharmacy Education. ACPE continuing pharmacy education provider accreditation program policies and procedures manual: A guide for ACPE-accredited providers. https://www.acpe-accredit.org/pdf/CPEPoliciesProceduresUpdatedJune2021FINALhyperlinks.pdf

submission of the forms on a regular basis to ensure compliance.

15. Professional development providers must adhere to all current and future BPS policies. Policies are subject to change.

C. Optional activities for professional development program innovation and pilot initiatives

PDP providers **may** incorporate innovative and nontraditional learning activities into proposals as pilot initiatives. Activities for board-certified pharmacists should be efficient and relevant to specialty practice and should maintain/enhance specialty knowledge. Innovative and nontraditional learning must have a formal assessment appropriate for the activity. Preference will be given to organizations that propose novel, innovative learning activities.

D. Optional criteria for the professional development program

Proposals to serve as a professional development program provider for the recertification of board-certified pharmacists **may** address the following **optional** criteria:

1. Opportunities for collaboration with other prospective professional development program providers and/or other organizations for the development of content (e.g., public health, regulatory, statistics) for recertification of board-certified pharmacists across specialties may be considered.
2. A PDP provider may offer a preparatory review/recertification course (e.g., recertification content repurposed for preparation courses). If a provider opts to offer a preparatory review/recertification course, the program must provide one course of approximately 13 to 38 units of BPS-approved, assessed CPE within a 1- to 2-year period allowing board-certified pharmacists to regularly participate throughout the 7-year recertification cycle. Review/recertification courses must be structured to provide a comprehensive review of **all** content domains and content areas within the examination content outline. The PDP provider is responsible for verifying the successful completion of all topic areas, modules, and assessments as well as offer a remediation program for unsuccessful attempts prior to reporting review/recertification course credit to BPS. A unique assessment must be developed for each subsequent review/recertification course. For recertification offerings serving as preparation courses, the PDP provider must include the following disclaimer: "To maintain its strict, independent standards for certification, BPS does NOT develop, endorse, or support review information, preparatory courses, or study guides."
3. PDP providers approved in multiple specialty areas may offer board-certified pharmacists recertification activities for credit from another approved specialty. Content that crosses multiple specialties must be defined by new or updated treatment guidelines and align with the content domains in the examination content outline for each specialty area. Credit for recertification claimed by certificants across multiple specialty areas is limited to 40 BPS-approved, assessed CPE hours over a 7-year certification cycle. PDP providers must submit a proposal or addendum at least 6 months before the activity's go-live date for consideration and approval by the appliable Specialty Councils. PDP providers who have previously gained approval of at least 20 units of recertification credit across multiple specialty areas are exempt from the proposal/addendum submission requirement. Proposals or addenda must include:
    a. target audience and applicable specialty practice areas,
    b. the rationale and criteria for topic selection,
    c. the learning objectives,
    d. topic and content alignment with the specialty area content outlines, and
    e. additional quality measures to ensure content applicability to specialty areas (e.g., proposed faculty, peer-review process).

    Approved providers for multiple specialty areas may offer up to 20 units of recertification credit across

multiple specialty areas. For more information, please visit https://bpsweb.org/multi-certified-pharmacists/.

E. Proposing addenda to the recertification program

BPS recognizes that ideas for innovative programming and activities may develop during the course of a contract term. PDP providers must submit addendum/addenda to the original proposal at least 6 months before the activity's go-live date for consideration and approval by the Pain Management Pharmacy Specialty Council and the BPS Board of Directors as needed. (See Appendix C.) It should not be assumed that all addenda will be approved because the overall contract award rests in the strength of the core recertification curriculum submitted in response to this RFP.

III. General contractual requirements

A. Personnel

A complete roster of all professional and nonprofessional staff who would be assigned to the program shall be provided, along with their credentials, job title, prior work experience related to the job responsibilities and tasks to be performed in this project, and time assigned to this project.

NOTE: The project director and professional staff shall have demonstrated prior experience in the development of professional development programs and in testing and measurement, pertinent to the education and assessment of certified or licensed professionals.

The prospective PDP provider shall provide an organizational chart of the organization.

The prospective PDP provider must disclose the names, addresses, and roles of any subcontractors assigned to the project and provide similar credentials/identification materials, as noted above.

The prospective PDP provider must identify a single organizational point of contact for use by BPS and certificants for information about the program.

The prospective PDP provider must disclose any potential conflicts of interest between the PDP, subcontractor(s), other certification agencies, and BPS.

The prospective PDP provider must agree to provide timely information about the program in response to requests from the Specialty Council and BPS to correct identified deficiencies.

B. Prior experience and references

The prospective PDP provider shall document relevant experience in conducting similar or related projects of comparable or larger scope.

A sample of a previously generated technical report summarizing completion of a related project by the prospective PDP provider shall be submitted as an attachment to the proposal. If such reports are confidential and may not be released by the prospective PDP provider, the names of clients from whom a sample report may be requested should be provided, if possible.

The prospective PDP provider shall identify at least 3 individuals/groups or other sources that may be contacted to provide performance references. A description of the respective projects, the name and title of the principal contacts, and their current addresses and telephone numbers should be included. The prospective PDP provider shall also state that BPS has been granted permission to contact these references.

A listing or an annotated bibliography of relevant projects in the area of professional development (i.e., continuing education/assessment) that have been performed and published by the prospective PDP provider or their principals would help to support in the consideration of qualifications.

C. Management plan

The prospective PDP provider shall present a detailed management plan for completing all of the work specified in the proposal, including a plan for coordination of the work with the Specialty Council and BPS staff. The prospective PDP provider must submit a detailed time and task completion schedule for all activities to be performed.

D. Facilities and equipment

The prospective PDP provider shall identify the location(s) of the contractor company and any subcontractor(s) and provide a description of these facilities.

The prospective PDP provider shall provide a description of available durable equipment (e.g., computers, printers) that will be utilized for the project by the contractor and any subcontractors.

E. Additional contract provisions

1. The prospective PDP provider must be an accredited provider of continuing education programs through ACPE and remain in good standing.
2. The prospective PDP provider is requested to organize its proposal according to the criteria as presented in Section II.A in order to facilitate evaluation of proposals.
3. The prospective PDP provider shall provide a written attestation that it will comply with all federal, state, and local laws, regulations, and ordinances in undertaking and performing the services called for by this RFP.
4. The prospective PDP provider acknowledges that they will not promote brand and marketing assets, provide services, or engage in business related to the certification or recertification of pharmacy specialists during the contract term that would conflict with and/or compete with BPS programs without the written consent of BPS.
5. Proposals submitted must be signed by an organization official with authorization to bind the prospective PDP provider to the provisions of the proposal.
6. All proposals submitted should indicate that they are valid for a period of at least 180 days from the submission date of the proposal.
7. The contents of the proposal submitted by a successful PDP provider shall become a contractual obligation if the program is approved.
8. Should the proposal of a prospective PDP provider contain technical information that the PDP provider does not want to be disclosed beyond its use to evaluate the PDP provider's qualifications, the PDP provider should clearly mark the cover sheet of the proposal with a statement to that effect, specifying the material and the pages restricted.

9. BPS reserves the right to make an award without further discussion after proposals are opened or to reject any or all proposals.

F. Financial considerations

BPS will assume no financial responsibility for the development, implementation, or promotion of approved professional development programs, nor will BPS seek financial benefit from them beyond the fee description below.

Upon designation as an "approved program," the PDP provider will be assessed an initial designation fee of $1,000. Each approved program will be evaluated annually to determine whether it continues to meet the stated criteria. If the criteria are adequately met, the program will be designated as an approved program for that year and the PDP provider will be assessed an annual designation fee of $650. These fees are subject to change with 6 months' written notice.

G. BPS support and other resources

The BPS executive director, the associate executive director, and the director of professional affairs will serve as the primary points of contact during this project, and other staff will be available to assist in carrying out the scope of work designated in this RFP. The BPS website, located at https://bpsweb.org, is a resource that is available to all parties responding to this RFP and should be the primary source of information for prospective PDP providers.

IV. Information and instructions for submission of proposal

After reviewing the RFP, prospective PDP providers are required to indicate their intent to respond with a proposal. An intent-to-respond acknowledgment should be sent via email to ELaNou@aphanet.org no later than January 24, 2025. Failure to meet this deadline may result in disqualification. Please include the contact name, phone number, and email address of the individual who will serve as the point of contact for the organization. Questions regarding this RFP should be posed in writing—citing the RFP title, page, section, and paragraph—by the date listed below. Prospective PDP providers' proposals will be accepted only if submitted via email to Ellie LaNou at ELaNou@aphanet.org. Inquiries beyond this contract are not recommended and may result in declination of a proposal.

All responses to questions will be shared with all prospective PDP providers who have notified BPS of their intent to respond. The identity of the prospective PDP provider submitting the question will not be disclosed and will remain confidential. BPS reserves the right to answer only questions pertaining directly to the RFP and this work. Answers will be provided no later than February 21, 2025.

A. Timetable for submission and review of proposals

Release of RFP	Thursday, January 9, 2025
Intent-to-respond messages from prospective PDP providers due to BPS	Friday, January 24, 2025
Questions from prospective PDP providers due to BPS	Friday, February 7, 2025
BPS responses to prospective PDP provider questions	Friday, February 21, 2025
Date and time of closing for submissions	Friday, May 30, 2025
Anticipated contract award decision	Tuesday, September 30, 2025
Contract period begins	Thursday, January 1, 2026

Submission Format: A single bookmarked PDF is the preferred submission format. Proposals should not exceed 40 pages, including all appendixes. Proposals should be sent via email to the address below:

Ellie LaNou, PharmD, BCPS
Director, Professional Affairs
Board of Pharmacy Specialties
ELaNou@aphanet.org

Incomplete proposals, proposals exceeding the page limit, proposals received after the deadline, and proposals sent by fax or hardcopy may be dismissed without consideration.

BPS will confirm receipt of the intent-to-respond email and electronic proposals within 48 business hours of the date and time submitted. If notification of receipt is not received after 48 business hours, please contact BPS.

B. Terminology

The word “may” means a certain act is permitted but not required.

The word “must” means the performance of a certain act is a mandatory condition and that there is no choice but to perform the action as described.

The word “shall” is an auxiliary verb utilized in the imperative mood and has the same meaning as “must.”

The word “should” means that there is a strong expectation that a certain act will be performed without a mandatory obligation to perform such an act.

The word “will” is an auxiliary verb denoting future tense only.

The word “competence” is defined as the ability to perform a set of tasks, a job function, or professional role at a level that meets or exceeds the prescribed minimum standards in the specified environment.

The word “competency” is defined as a statement describing knowledge, skills, and/or abilities which are expected of credential holders and directed to the tasks performed or responsibilities associated with a job function or professional role.

The term “continuing competence” is defined by the Institute for Credentialing Excellence (ICE) as demonstrating

specified levels of knowledge, skills, or abilities throughout an individual's professional career. Related to certification, maintaining competence, and continuing education.

The term "continuing education" or "CE" is defined by the ICE as activities, often short courses, that credentialed professionals engage in to receive credit for the purpose of maintaining continuing competence and renewing a credential. For the purposes of this RFP, CE may include CPE, continuing medical education, and continuing education relevant to other health care professionals.

The term "continuing pharmacy education" or "CPE" is defined by ACPE as a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. CPE should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

C. Queries on the RFP process

All questions or requests for clarifications regarding this RFP must be directed to:

Ellie LaNou, PharmD, BCPS
Director, Professional Affairs
Board of Pharmacy Specialties
Phone: 202-429-7529
ELaNou@aphanet.org

V. Selection and evaluation of proposals

Designation of approved programs will be based on the completeness and technical quality of the proposal. In addition, the following factors will be evaluated:

- Prospective PDP provider's qualifications and experience
- Stated ability to meet the specified timetable, resources, and use of technology to create program improvements and efficiencies
- Approach to work with a focus on innovation and efficiency consistent with a peer-reviewed, evidence-based, defensible process

Although not required, strong consideration will be given to proposals that include a collaborative relationship with multiple prospective professional development programs or other organizations that meet the needs of board-certified pharmacists. Proposals will be evaluated by the Specialty Council, the BPS Board, and BPS staff. Specialty Council recommendations will be presented to the BPS Board for consideration.

The following questions will be used to review the merits of submitted proposals:

A. Has the proposal satisfactorily addressed each of the required items listed in Section II.A.?
B. Has the proposal satisfactorily addressed other contractual matters described in II.B., II.C., and all of III?
C. Is the proposal clear and succinct?
D. Is the prospective PDP provider's approach to professional development programs appropriate to achieve the goals of this project?
E. Is there flexibility in the PDP provider's approach to accommodate unforeseen circumstances?
F. Is the proposal sufficiently detailed so that an appropriate evaluation can be made of the proposed program?

G. Does the prospective PDP provider have a grasp of the issues connected with developing a program to educate and evaluate the knowledge and skills of board-certified pharmacists?
H. Is the time schedule reasonable, and does the prospective PDP provider have a history of meeting deadlines?
I. Does the prospective PDP provider have the desired capability, staff, and experience in developing professional development programs and in project management?
J. Does the prospective PDP provider have the capabilities to offer the program in a variety of formats that meet the learning needs of board-certified pharmacists?
K. Has the prospective PDP provider described any innovative plans that may be of long-term benefit to the respective specialty pharmacy practice?

This RFP is not binding upon BPS. Additional information may be requested, or other selection criteria may be used in evaluating prospective PDP providers. Selection of any PDP provider is at the sole discretion of BPS. This request and any response do not constitute a contract in the absence of a formal written agreement signed by BPS and any PDP provider selected.

Although proposals may be accepted and a contract awarded without discussion, BPS may initiate discussion with the prospective PDP provider should clarification be necessary. Prospective PDP providers should be prepared to provide qualified personnel to discuss technical and contractual aspects of the proposal.

BPS intends to make its final selection(s) by September 30, 2025. The selected prospective PDP provider(s) will be notified of approval, and other prospective providers will be notified of decline. Following contract signing, BPS expects contracts to begin January 1, 2026.

NOTE: Public announcements or news releases pertaining to any contract awarded should not be made without the written permission of BPS.

VI. Background information

Additional information on BPS, including the current examination content outlines, is at https://bpsweb.org.

VII. Appendixes

A. Executive summary chart format
B. Item development principles
C. Membership rosters for BPS Board of Directors and Pain Management Pharmacy Specialty Council

Appendix A

Executive summary chart format (not to exceed two pages)

Name of proposing organization and professional development program	

Name of BPS specialty area	

Highlight and briefly discuss 3 strengths of the proposal.	• • •

Provide the minimum number of continuing education hours to be offered by each recertification activity per year from 2026 through 2030. Include the type/format of the offering (e.g., live, home study) and the estimated cost to the certificant.	Year	Activity 1 (hours, type, cost)	Activity 2 (hours, type, cost)
	2026		
	2027		
	2028		
	2029		
	2030		
	Total hours and estimated cost/hour/certificant (over 5 years)		

Number and total years of relevant experience of qualified experts, peer reviewers, project director, professional and nonprofessional staff, and other volunteers	• ___ Qualified experts and ___ total years of experience and ___ % Board-Certified Pharmacists • ___ Peer reviewers and ___ total years of experience and ___ % Board-Certified Pharmacists • ___ Project director(s) and ___ total years of experience • ___ Professional staff and ___ total years of experience • ___ Nonprofessional staff and ___ total years of experience • ___ Other volunteers and ___ total years of experience

Names of 3 related projects with brief descriptions (maximum of 1 to 2 sentences each)	• • •

Names of collaborating organization(s) and/or subcontractor(s) (if applicable)	•

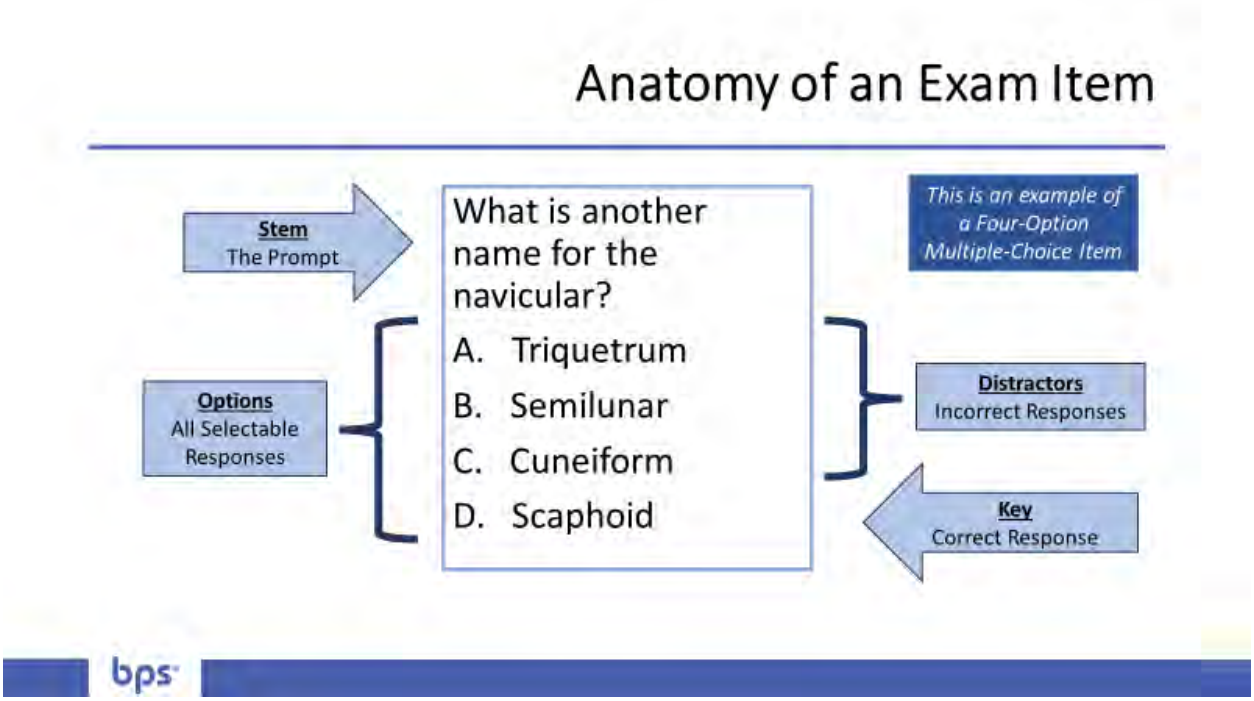
Optional - List innovative or pilot activities.	•

Item development principles

BPS requests that providers follow an item development procedure that is consistent with a peer-reviewed, evidence-based, defensible process when preparing examination items to be used in evaluation. For example:

- All items should be written by subject-matter experts in the designated specialty area.
- Each subject-matter expert should receive guidance in writing, reviewing, and editing items.
- Each item should be reviewed and validated by multiple subject-matter experts.
- Each item should have a verifiable published reference.
- Each item should be linked to the content being tested.
- The stem of each item should be meaningful and present a definite single problem or question.
- The stem of each item should be free of irrelevant information and should not "teach" the candidate the answer.
- Each item should be factually and unambiguously accurate with real and up-to-date information.
- Each item should be a fair and meaningful assessment of knowledge and skills applicable to all examinees.

Below are an excerpt of the PowerPoint training materials that BPS provides to subject matter experts who are involved in the writing, review, and/or editing of examination items.



Item Types

Multiple Choice (MCQ)

- ✓ Four options
- ✓ Single key
- ✓ Graphics can be added
- ✓ By far most common item type

What is another name for the navicular?

A. Triquetrum
B. Semilunar
C. Cuneiform
D. Scaphoid

Multiple Choice Multiple Response (MCMR)

- ✓ Between 5 and 8 Options
- ✓ Between 33% and 50% are keys
- ✓ Stem must identify numbers of keys
- ✓ Scored dichotomously (all or nothing)
- ✓ Most appropriate for identification of related and necessary components

What are the four components of DNA?

A. Adenine
B. Uracil
C. Cytosine
D. Purine
E. Thymine
F. Xanthine
G. Guanine
H. Hypoxanthine

- Item sets are not allowed; each item needs to be a stand-alone item
- Items can have an attachment, which can be an image, video, or reading passage
- Images and videos need to be legally available for use (no copyright restrictions)
- There are logistical limitations on attachments (e.g., videos can't have sound, reading passages can only be a few sentences long)

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Clarity of Expression

- Use universally applicable and technical terms rather than slang, idioms, regionalisms, or proprietary terms
- Avoid shorthand or codes (e.g., tx, pt)
- Write in the third-person (e.g., "Which treatment is most appropriate?" instead of "Which treatment do you recommend?")
- Do not use language verbatim from a reference
- Indicate units of measurement, using SI units (e.g., mg, nm, N)
- Spell it rather than use acronyms or initialisms
- Avoid trick-questions and controversial topics

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Demographic Sensitivity

Avoid stereotypical or insensitive descriptions of persons	Avoid characterizing a patient who is homeless as also having mental health problems
Directly state the relevant characteristic rather than hint at it	If the patient has limited English proficiency, say that directly instead of something like "recently immigrated"
When describing persons, provide only information that is pertinent to the situation or clinical case	If patient's gender or age don't affect the outcome, then leave that info out
Avoid pronouns and instead identify the person directly	Write out "patient" or "pharmacist" each time rather than "he" or "she"

bps

Stem

Well-written Stems

- Contain all the necessary information to be able to answer
- Clearly identify what is being asked and ask just one thing
- Are direct and concise
- Avoid negative inquiry (e.g., EXCEPT, NOT)
- Avoid subjective qualifiers (e.g., BEST, MOST LIKELY)
- Avoid terms that appear in the key that make the key obvious

Question-and-response and **Complete-the-sentence** formats are acceptable

What is another name for the navicular? A. Triquetrum B. Semilunar C. Cuneiform D. Scaphoid	Navicular is another term for: A. triquetrum. B. semilunar. C. cuneiform. D. scaphoid.	_____ is a synonym for navicular. A. Triquetrum. B. Semilunar. C. Cuneiform. D. Scaphoid.

Which format is preferred?

Whichever is most clear

That said, most stems will be Q&R format

bps

Options

Well-written options

- Provide a response to what is being asked
- Match the stem in terms of grammar
- Are similar in terms of length, detail, and specificity
- Avoid extraneous details
- Contain real concepts and terms
- Are discrete concepts and avoid overlap
- Avoid meta options such as: all of the above, none of the above, A and C

bps

Key and Distractors

Well-Written Key

- Is the only correct answer
- Is supported by a reputable reference
- Represents actual and current practice

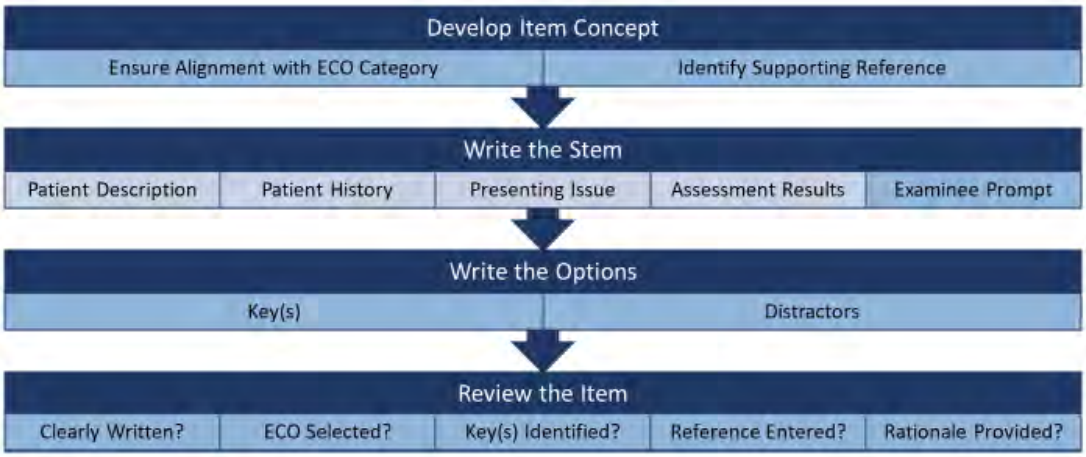
*In the case of **MCMRs**, all the indicated keys must be correct*

Well-Written Distractors

- Are defensibly incorrect
- Are not correct sometimes and in some instances
- Are plausible, rather than obviously wrong
- Often reflect common misconceptions and errors

bps

Item Writing Process



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Appendix C

Rosters can be found on the BPS website.

https://bpsweb.org/board-of-directors-committees/

https://bpsweb.org/pain-management-pharmacy/