Appendix E

CCP Framework for Credentialing in Pharmacy Practice

Figures 1, 2, 6, and 7 below illustrate a framework for credentialing in pharmacy that has been embraced by CCP. While the framework has, to date, only been applied by CCP to pharmacists, it is likely that the same general principles can be applied to other categories of pharmacy personnel, such as pharmacy technicians. Using a three-dimensional model to encompass the major domains of pharmacy practice—Patient Care, Systems Management, and Public Health—the framework attempts to illustrate: (1) how a pharmacist's career may evolve or progress after completion of initial professional education, licensure, and entry to practice; (2) the post-graduate education and training activities and certifications undertaken by pharmacists; and (3) the correlations between credentialing, broad competency areas, scope of practice, and patient populations served. A brief description of each Figure provides further explanation. Although an oversimplification, CCP believes the framework will facilitate understanding of where credentialing fits into pharmacy practice.

Figure 1 depicts four possible quadrants (A through D) on the face of a cube showing how an individual pharmacist's professional career (scope of practice) may change over time. The horizontal (X) axis illustrates the breadth of patient or practice focus on a continuum from broad to narrow. The vertical (Y) axis illustrates the level (or depth) of knowledge, skills, and experience on a continuum from entry-level to advanced. The Y axis (moving down) could also denote an increasing level of complexity of care provided to patients and/or increasing degree of complexity of technology used in the provision of patient care (directly or indirectly). The third dimension (Z axis) accounts for the fact that while professional services provided by the majority of pharmacists ultimately contribute to patient care, some services (or domains of practice) are more direct in terms of contact with patients and others more indirect (ie, seldom, if ever, involving direct contact with patients). The Figure illustrates how the continuum of provision of patient care (from direct to indirect) correlates with the three CAPE Outcomes.

Figures 2, 6 and 7 deal only with the patient care domain, corresponding with CAPE Outcome #1. In Figure 2, the terms used to describe pharmacists in each of the quadrants are more descriptors than terms used in practice. A brief description of the patient population typically served by such pharmacists in each of the quadrants is provided. Figure 2 illustrates where and how a pharmacist after graduating from a professional degree program and obtaining a license enters the workforce and how he/she initially fits into the overall framework of professional practice in the direct patient care domain. After graduation, a majority of pharmacists practice as a Generalist Practitioner (Quadrant A). Generalist practitioners initially have entry-level knowledge, skills, and experiences while at the same time their breadth of patient focus is broad, reflecting their comprehensive professional education. With further practice experience and exposure to a larger cohort of patients and medical conditions, a pharmacist's breadth of patient or practice fo-
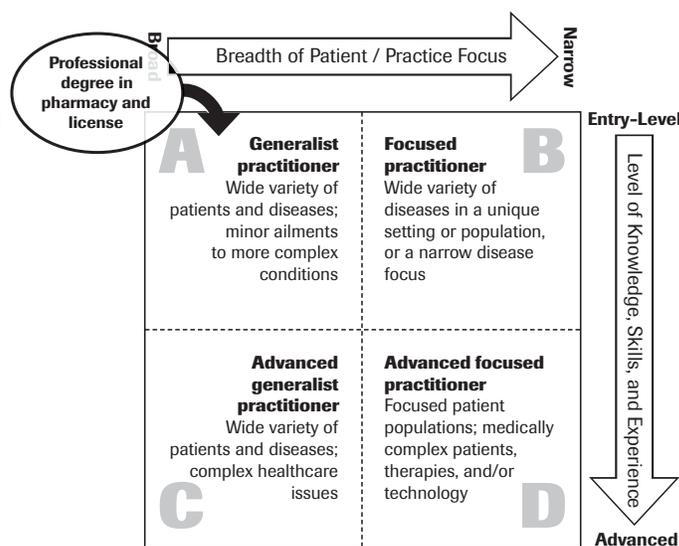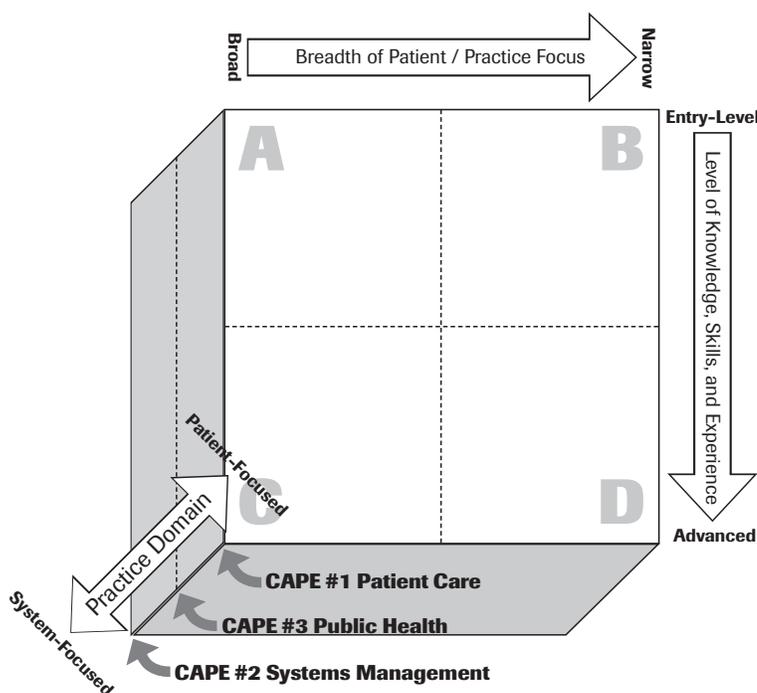

Figure 1 (left): Scope of pharmacy practice and professional competencies in the U.S.

Figure 2 (above): Practitioners in direct patient care.

cus may expand, but certainly his/her level of knowledge and skills will advance, supported (at a minimum) by continuing education activities.

Quadrant A describes the patient population as a wide variety of patients and diseases; minor ailments to more complex conditions. In society, this represents the most populous patient group and this is where most pharmacists are needed—and choose—to practice. This quadrant reflects the practice of most community and hospital pharmacists. Pharmacists, who make a conscious decision to develop their professional careers in a specific way, will move into one of the other quadrants—B, C, or D. Such a conscious decision usually involves additional education, training, or credentialing, although specific practice experience and on-the-job training can achieve a comparable practice focus and level of knowledge and skills.

Pharmacists who elect to narrow their

patient or practice focus (eg, in diabetes or geriatrics) will move into Quadrant B; they are described in the framework as Focused Practitioners. Their practice could be summarized as wide variety of diseases in unique setting or population, or narrow disease focus. An example of a pharmacist in this quadrant would be a pharmacist who focuses on geriatric care.

Pharmacists who elect to maintain a broad base of patients and diseases but who wish to substantially advance their level of knowledge, skills, and experience will move into Quadrant C. They can be described as Advanced Generalist Practitioners and the framework summarizes their practice as wide variety of patients and diseases; complex healthcare issues. An example of a pharmacist in this quadrant would be a pharmacotherapy specialist. Pharmacists in Quadrant D have both narrowed their patient/practice focus and substantially advanced their knowledge

and skills. An example of an Advanced Focused Practitioner would be a Board Certified Oncology Pharmacist (BCOP), one of the recognized specialty credentials in the pharmacy profession.

Figure 6 depicts the range of post-licensure education and training activities pharmacists engage in to maintain their professional competencies and to support their continuing professional development. The most pervasive are continuing education (CE) activities which, in the majority of cases, are offered by ACPE-accredited providers of continuing pharmacy education. CE activities, appropriate to their practice, are offered to pharmacists in all four quadrants. Certificate Programs, which focus on the development of professional skills and their application in practice, would typically be undertaken by pharmacists in Quadrants A and B. From a patient/practice perspective, such programs may be broad or more focused. Traineeships, on the other hand,
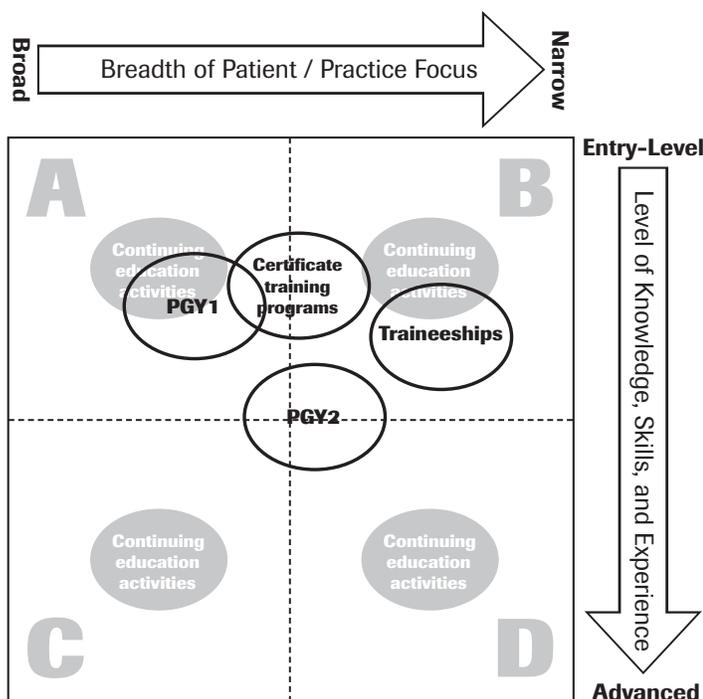

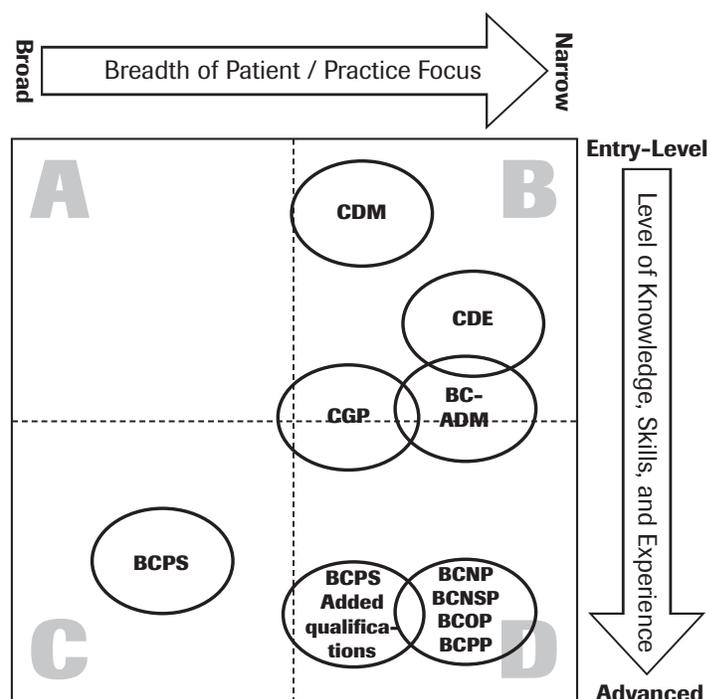**Figure 6: Post-licensure education and training relative to pharmacy practice**

Figure 7: Post-licensure certification relative to pharmacy practice focus

LEGEND: PGY1 = Post Graduate Year One (Residency), PGY2 = Post Graduate Year Two (Residency), BC–ADM = Board Certified–Advanced Diabetes Management, BCNP = Board Certified Nuclear Pharmacist, BCNSP = Board Certified Nutrition Support Pharmacist, BCOP = Board Certified Oncology Pharmacist, BCPP = Board Certified Psychiatric Pharmacist, BCPS = Board Certified Pharmacotherapy Specialist, CDE = Certified Diabetes Educator, CDM = Certified Disease Manager, CGP = Certified Geriatric Pharmacist

are more focused and would typically be undertaken by pharmacists with a narrower patient/practice focus (Quadrant B).

Post-Graduate Year One (PGY1) pharmacy residencies provide training for generalists in hospitals, health systems, managed care, or community settings, hence their depiction in Quadrant A in Figure 6. PGY1 residencies provide pharmacists with the opportunity to advance their knowledge, skills, and experience in an accelerated timeframe through a structured, practice-based training program. Most pharmacists who undertake a PGY1 residency do so in their first year after graduating. Post-Graduate Year Two (PGY2) residencies provide advanced training in a focused area of patient care. Residencies are typically one to two years in length and a PGY1 residency must be completed before going on to a PGY2 residency.

Figure 7 depicts post-licensure certifications and where they would typically apply to pharmacists in narrowly focused and/or advanced areas of practice. Detailed descriptions of these credentials have already been provided in CCP's resource document *Credentialing in Pharmacy*. As noted earlier, many pharmacists in the areas of practice represented by Quadrants B, C and D would have one or more of the certifications shown in Figure 7, but other pharmacists in these areas of practice would have comparable focus, knowledge, skills, and experience, and may have other credentials not included here.