

Criterion for Certification

Specialist pharmacists must demonstrate knowledge of contemporary medication management principles specific to their specialty area. In addition to this specialized knowledge, communication skills, critical thinking skills, and the ability to organize and document care plans; monitoring activities and patient progress with medication therapy is essential. To assure the public and other health care providers that specialist pharmacists are skilled in each of these domains, a number of assessment tools must be used. Specialist pharmacists should successfully complete:

1. A knowledge and knowledge-application assessment, and
2. Performance-based assessments
 - Portfolio review (criterion to be established in advance - may include records of direct patient care hours, patient work-ups, research activities, continuing education specific to the specialty, lectures given)
 - On-site practice review and audit (to confirm communication skills, organizational skills and documentation)

There are no comprehensive Canadian exams available in the areas of anticoagulation management, asthma management, diabetes management or advanced pharmacotherapy monitoring. Due to the high degree of concordance between pharmacy practice in Canada and the United States, American exams have been reviewed as the knowledge assessment tool.

Consideration should be given to using the National Institute for Standards in Pharmacist Credentialing (NISPC) Disease State Management exams for anticoagulation management, asthma management and diabetes management. NISPC has also developed an exam for dyslipidemia. The NISPC was established in 1998 to create one recognized credential for pharmacists seeking certification in a variety of disease states. It was formed by the American Pharmaceutical Association, the National Association of Boards of Pharmacy, the National Association of Chain Drug Stores and the National Community Pharmacists Association.

NISPC exams are recognized in the USA as the national standard for pharmacists seeking certification in specific disease states. Some states use the NISPC credential as a basis for compensation for a pharmacist's professional services.

The competency statements and the standards/objectives for each disease state are available publicly on the NISPC website http://www.nispcnet.org/exam_info.html. The Disease State Management examinations are based on a blueprint that was created after a statistically accurate survey was sent to thousands of US pharmacists to determine the frequency and criticality of each of the functions identified in the standards/objectives.

NISPC has indicated their willingness to make these exams more accessible to Canadian pharmacists. They are prepared to have Canadian content experts review the exams and determine which questions are not suitable for Canadian pharmacists (because they ask questions specific to the American health-care system) and which questions would benefit from adaptation of the units of measure to the SI system.

The knowledge requirements for advanced pharmacotherapy management pharmacists are much broader than the specialties outlined above. The Board of Pharmaceutical Specialties' (BPS) pharmacotherapy exam appears to represent the most rigorous exam available to establish the breadth and depth of knowledge required by advanced pharmacotherapy management specialists. Discussions are underway with BPS to determine their willingness to collaborate on making this exam more accessible to Canadian pharmacists.

Why not use existing Canadian exams?

Pharmacists who have already qualified as Certified Diabetes Educators (CDE) or Certified Asthma Educators (CAE) may wonder why these exams have not been selected as the knowledge requirement. As stated in their titles, these exams are focused on ensuring that a variety of health professionals have the necessary skills to teach patients how to manage their disease state. While this teaching component is critical to good patient outcomes, a pharmacist who recommends, adjusts or prescribes medication therapy requires a greater depth of knowledge than those who's primary activity might be to teach patients about managing their disease state.