

# Pharmacist privileging in a health system: Report of the Qualified Provider Model Ad Hoc Committee

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The profession of pharmacy has changed rapidly over the past several decades, such that many pharmacists now care directly for patients. This transformation has been accompanied by evolving regulatory requirements, increased educational requirements, and recognition of pharmacists' specialized body of knowledge. Organizations employing direct patient care pharmacists are under increasing scrutiny to verify that their pharmacists are not only licensed to practice but are competent providers of direct patient care services.<sup>1</sup> There is growing recognition that obtaining a credential may be a way to document knowledge and skills, but each credential does not necessarily ensure competence in providing direct patient care services. For those intimately involved in the management of medication therapy, institutional privileging is a process that can be used to verify the credentials needed to practice in a specified clinical setting.

The purpose of this article is to describe the rationale for credential-

**Purpose.** The rationale for and steps of pharmacist credentialing and privileging are described.

**Summary.** As pharmacy evolves to include direct patient care, health care organizations are under increasing scrutiny to verify that their pharmacists are not only licensed to practice but are capable providers of direct patient care. Credentialing is a process conducted by a health care organization to review and verify a pharmacist's credentials. Privileging authorizes a pharmacist to perform within a specified scope of practice. The steps in developing a process for pharmacist privileging consist of gathering background information from national, state, and local sources; defining the services a privileged pharmacist may provide; developing policies and procedures; and obtaining approval from the appropriate institutional bodies. An ad hoc committee convened by the American So-

ciety of Health-System Pharmacists in 2003 produced two documents, an application for privileging and a general privileging form, that may be used as templates by institutions or individuals developing a pharmacist-privileging process. Barriers to pharmacist privileging may be personal, institutional, and regulatory.

**Conclusion.** As pharmacist roles continue to expand, there is increasing need to verify pharmacists' ability to provide direct patient care services. One way to achieve this is for institutions to develop a pharmacist-privileging process that better aligns pharmacists with the methods used to authorize scopes of practice of other types of practitioners.

**Index terms:** Certification; Forms; Patient care; Pharmacists; Professional competence; Quality assurance

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ing and privileging and to define the steps involved in these processes.

## Background

Since the early 1990s, articles have described pharmacists going through

a credentialing and privileging process as part of their professional development.<sup>2-6</sup> These articles depicted experiences in both acute and ambulatory care settings but were generally limited to a specific

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institution. Recent developments in the profession have created a need for pharmacists and their employers to consider developing a privileging process.

The Institute of Medicine and the American Society of Health-System Pharmacists (ASHP) both recognize the need for pharmacist expertise in the team approach to managing medication therapy.<sup>7,8</sup> In planning for the future, ASHP stated in its 2015 Initiative that “pharmacists will manage medication therapy for patients with complex and high-risk medication regimens, in collaboration with other members of the health-care team” for patients in ambulatory and acute care settings.<sup>8</sup>

One of the most recent developments affecting the profession is Medicare Part D, which allows pharmacists to bill for services related to medication therapy management (MTM) for Medicare beneficiaries. A consensus definition of MTM developed by 11 national pharmacy organizations in 2004 lists services such as “formulating a medication treatment plan” and “initiating, modifying or administering medication therapy.”<sup>9</sup> This change has also brought about the development of current procedural and terminology billing codes specifically for use by pharmacists. It can be safely assumed that services documented through these codes will be analyzed by various quality-improvement groups for quality and risk analysis. Additionally, pharmacists providing these services, and their employers, will want to be sure that their credentials are in line with what is expected for the provision of MTM services.

The recognition of pharmacists as medication therapy experts has prompted many states to modify their pharmacy practice acts to allow pharmacists to develop collaborative practice agreements with prescribers. In some agreements, the focus is on the pharmacist providing patient care for a particular disease, such

as diabetes. This places increased responsibility on the employing organization to confirm that the pharmacist has the credentials to perform within a specialized scope of practice. At present, pharmacy licensure ensures a basic level of knowledge needed for safe and effective drug distribution and a limited scope of patient care services. Many believe that more comprehensive patient care generally requires additional credentials.<sup>10,11</sup> A privileging process would, by assessing these credentials, effectively address a pharmacist’s ability to practice in a certain environment. Verifying pharmacists’ credentials and granting privileges could also help protect organizations against malpractice allegations.<sup>1</sup>

National standards for pharmacists to follow in developing a privileging process do not exist. However, models for other health care providers can be applied to pharmacists. This article is intended to help pharmacists understand the privileging process and help develop a system at their institution.

### Definitions

There is much confusion within the pharmacy profession regarding what is meant by credentialing and privileging. The Council on Credentialing in Pharmacy (CCP) was formed in 1999 to provide leadership and guidance in this area. Currently, CCP comprises 15 national pharmacy organizations. In 2006, CCP published guidelines on credentialing pharmacy personnel, including technicians.<sup>12</sup> Pharmacists interested in pursuing credentialing and privileging are encouraged to read these guidelines for further clarification on definitions. The definitions that are germane to this article are as follows:

- *Competency.* A competency is a specialized skill or knowledge that is required for proficiency in the profession.

- *Credential.* A credential is the documentation that verifies qualifications of the individual. For pharmacists, this would include diplomas, licenses, certificates, and certifications (disease specific, board certification, etc.).
- *Credentialing.* Credentialing is the process conducted by an organization to review and verify an individual’s credentials.
- *Privileging.* Privileging is a process conducted by a health care organization after review of credentials that authorizes an individual to perform within a specified scope of practice.
- *Scope of practice.* The scope of practice is the boundaries within which a professional has the ability to perform and is often regulated by state agencies, such as the professional licensing board.

### General steps in developing a process for pharmacist privileging

**Step 1. Gather background information.** Appropriate information for developing a privileging process includes data collected from national, state, and local sources. Perhaps the most influential and helpful sources of this information are recent manuals by the Joint Commission.<sup>13,14</sup> Credentialing, privileging, and appointment to the medical staff are addressed extensively as an element of performance for hospitals in section MS.3.20 of reference 13 and for long-term care in section HR.4.1–4.50 of reference 14.

State laws and regulations also yield important background information by showing how pharmacy practice and the scope of practice are defined by law.<sup>15,16</sup> Forty-two states now authorize pharmacists to perform duties under collaborative practice agreements or other arrangements that go beyond the duties defined by traditional state pharmacy practice acts. In addition, many health care systems are using pharmacists to improve safety, quality, and efficiency with the implementation of new programs that expand

the scope of pharmacist services to patients.<sup>17</sup>

Locally, it will help to obtain a copy of institution-specific medical staff bylaws, rules and regulations, or or whatever policies are used for institutional credentialing and privileging of other practitioners. Regulatory and external-review groups require a privileging process that is defined by the medical staff bylaws or an organization's governing body. However, each organization may have different criteria for granting and renewing privileges. An organization's medical staff is a self-governing body charged with overseeing the quality of care, treatment, and services delivered by institutionally privileged practitioners. The medical staff must verify credentials and privilege all licensed independent practitioners (LIPs). The Joint Commission defines an LIP as "any individual permitted by law and by the organization to provide care, treatment and services, without direction or supervision."<sup>15</sup> However, the Joint Commission does not determine who is an LIP; state law and hospital policy determine whether a practitioner can practice independently. Health care practitioners who are not LIPs may be privileged through the medical staff process or "a process that has been developed and approved by the hospital that is equivalent to the process and criteria set forth in the credentialing and privileging standards" of the Joint Commission.<sup>15</sup>

In many institutions, pharmacists are defined as "other allied health professionals" and thus are not considered LIPs. If the institution has not previously processed a pharmacist application for clinical privileges, it will be necessary to question how pharmacists have been classified at the institution and to determine if the method is consistent with the scope of practice defined by the state for pharmacists and other practitioners in the institution. Some physician groups have advocated against

independent clinical privileges for pharmacists.<sup>18</sup>

In nonhospital health care settings, inquiry should be made concerning how physicians and other practitioners are privileged. Credentialing and privileging are no longer limited to inpatient settings. Long-term-care organizations, managed care organizations, large group practices, ambulatory care organizations, home care providers, and others are developing mechanisms to ensure standard qualifications and quality among practitioners.<sup>6,14,19,20</sup> Once practitioners seek clinical privileges, they are bound by the requirements of the organization's bylaws.

**Step 2. Define services.** The second step in privileging is to define the scope of care and services that may be provided by privileged pharmacists, including the amount of supervision by prescribers. For example, monitoring and documenting patient outcomes or medication reconciliation may be defined by the state pharmacy practice act as part of a pharmacist's scope of practice. But a health system may authorize pharmacists to independently adjust or modify dosages, order and analyze laboratory tests, and schedule or refer patients as part of established pharmacy services. The local pharmacy and therapeutics (P&T) committee may authorize pharmacists to implement switches among medications or to change the route from i.v. to oral, thus requiring initiation or modification of therapy. Pharmacists may have responsibility for anticoagulation, hypertension, lipid or pain management, oncology, psychiatric, and other programs for acute and chronic problems. Many of these functions are done routinely by pharmacists and improve the process and quality of care, but the functions may be more efficient if they are acknowledged and authorized by the institution.<sup>21</sup> Whether these functions are authorized by collaborative practice agreements, health-system

policy, or some other mechanism should be considered.

**Step 3. Develop policies and procedures.** Policies and procedures for pharmacist privileging should include specific details regarding the privileging process. According to the Joint Commission, the privileging process typically entails "developing and approving a procedures list, processing the application, evaluating applicant-specific information, making recommendations to the governing body for applicant-specific delineated privileges, notifying the applicant and relevant personnel, and monitoring the use of privileges and quality of care issues."<sup>13,14</sup>

Specific instructions on how pharmacist credentials will be verified should be included. Usually this is done by directly contacting the source of the credential (e.g., the state board of pharmacy, the Board of Pharmaceutical Specialties [BPS]). However, several national registries of practitioner data have been developed to assist in queries needed to verify applicant licensure information. In addition, registry information is available to assess providers who lose malpractice lawsuits or are subject to adverse actions involving licensure, privileges, or society memberships. These sources may be used to verify the credentialing information for an applicant in lieu of the primary source.

The policy will need to clarify when the applicant's verified credentials will be reviewed. Medical staff bylaws generally provide for credential review at the time of initial appointment (granting), during reappraisal of clinical privileges (renewing, reappointment, or revising), and after lengthy illness or another break in service. Privileging is usually governed by a health-system committee, such as the medical executive board or the credentialing committee. In smaller practice settings, this responsibility may fall to the medical director.

How a privileging application moves through the system will be institution specific. Some procedures will mimic the privileging of other health care providers and will be reviewed by an institution-level committee. Other pharmacy privileging systems may involve an internal pharmacy process that requires only cursory approval outside the department.

Other things to consider including in a privileging policy include (1) mechanisms for hearing and appealing adverse decisions regarding privileging, for focused peer review of practitioners' performance, and for provisional, temporary, expedited, telemedicine, and disaster privileges, (2) requirements and documentation for continuing education and training, and (3) requirements for professional liability insurance.

**Step 4. Obtain approval.** The fourth and final step should be gaining approval of the privileging policy from appropriate bodies in an institution. Depending on the circumstances, this may include the P&T committee, the hospital credentialing committee, and the medical executive committee. Generally, the policy should be endorsed by pharmacy administration as well as the committees that approve other privileging documents. The director of pharmacy plays a crucial role in ensuring acceptance of a pharmacist-privileging model throughout an institution.

#### Using the privileging model developed by ASHP

In 2003, ASHP convened ad hoc committee charged with developing a model for pharmacist privileging that resulted in two documents, an application for privileging and a general privileging form.<sup>22</sup> These documents are meant to be used as templates by institutions or individuals wishing to develop a pharmacist-privileging process.

The credentialing template (Figure 1) should list all credentials

important for the work a pharmacist will perform in an institution. These credentials will vary with the institution and the responsibilities of the pharmacist. This paperwork will also include all information necessary to review the applicant's credentials. Credentialing review is the process of obtaining, verifying, and assessing the qualifications of an applicant to provide patient care, treatment, and services in or for a health care organization.

Verifying credentials should be designed to ensure that (1) the individual requesting privileges is the same person identified in the credentialing documents, (2) the applicant has attained the credentials claimed, (3) the credentials are current, and (4) none of the credentials is being challenged.

The information gathered will dictate the types of care, treatment, and services or procedures that a practitioner will be authorized to perform. Most of the information on this form will be used to verify work experience and will need to be accompanied by supporting documentation.

The developed template is comprehensive and includes many things that may not be necessary at a given institution. It is important to compare this document with institution-specific credentialing forms and other gathered information to see what is needed at a particular institution.

The application for privileging (Figure 2) is a companion document to the credentialing template. Privileges granted to an applicant are based not only on the applicant's qualifications but also on the proposed setting of the services to be provided. Privileges are setting specific because they require consideration of the site's characteristics, such as facilities, equipment, and number and type of qualified support personnel. In addition, the independence of the pharmacist's decision-making will determine the scope of privileges requested and granted.

Depending on the privileging process developed at an institution, the privileging application may be completed concomitantly with the credentialing document or may be completed after credentials are verified. This form gives specific information on what types of services a pharmacist will provide, along with information on how the pharmacist will be reprivileged. Again, the template is comprehensive, and not all aspects will be required at different institutions. At a minimum, the privileging document should provide (1) the scope of privileges, including the types of patients, level of care, and level of supervision, (2) the setting in which privileges are granted, (3) the mechanism and time period for recredentialing (must at least be every two years), and (4) the signatures of appropriate personnel.

#### Potential barriers to pharmacist privileging

While some pharmacists have taken steps to become privileged, most pharmacists practicing in health systems have not. Barriers to pharmacist privileging may be personal, institutional, and regulatory.

**Personal barriers.** At present, privileging is a voluntary process for pharmacists. The voluntary nature may lead to inconsistent requirements by facilities and may promote misunderstanding of the process and its benefits. Of the four primary elements evaluated for credentialing—academic preparation, type of licensure, postgraduate training, and other traineeships or certificate programs—two are (again) voluntary. Leadership, endorsement, and education by national organizations are essential to eliminating this barrier.

**Institutional barriers.** Many institutions' bylaws concerning privileging do not address pharmacists. However, most credentialing processes can be modified or fine-tuned to fit pharmacists and their scope of practice. Pharmacists will have to

Figure 1. Model credentialing template.<sup>22</sup>

### General Application - Pharmacist Credentials

**Primary Practice Area:**

**Specialty:**

**Supervising Physician(s):**

**Personal Information**

Name:  
 Primary practice group or institution:  
 Primary office address:  
 Office telephone:  
 Pager:  
 Fax:  
 Email address:  
 Home address:  
 Home telephone:  
 Date of birth:  
 Social Security number:  
 Place of birth:  
 Citizenship:  
 Sex:

**Professional/Graduate Education**

Name of institution:  
 Dates of attendance:  
 Mailing address:  
 Internet address:  
 Degree awarded:  
 Telephone number:  
 Fax number:

**Post-Graduate Education (repeat notations as many times as necessary)**

Institution name:  
 Dates of attendance:  
 Address:  
 Degree awarded:  
 Telephone number:  
 Fax number:  
 Internet address:  
 Name of current program director:

**Professional Career/Work History (repeat notations as many times as necessary)**

Affiliation name:  
 Department:  
 Job title:  
 Supervisor name and title:  
 Dates of employment:  
 Address:  
 Telephone number:  
 Fax number:  
 Internet address:

**Professional References (peers who directly observe your service; specify number of references)**

Reference name:  
 Address:  
 Telephone number:  
 Fax number:  
 Email address:

**Licenses and Registrations**

[State] Pharmacy Board Number:  
 [State] Medical Board Number: (if applicable)  
 Other states: (mark active or inactive)

**Clinical Privileges Held with Other Institutions:**

Site:  
 Privilege:  
 Effective date/expiration date:

**Certifications (repeat notations as many times as necessary)**

Certification name:  
 Certificate number:  
 Issue date:  
 Expiration date:

**Figure 1** (continued)

**Drug Enforcement Administration (DEA, if applicable)**

Number:  
Expiration date:  
Currently valid in [state]?

**Personal Health Status**

1. Have you ever been hospitalized or institutionalized or involved in an outpatient treatment program in the last 5 years?
2. Do you have any physical or mental condition that may limit your ability to participate fully in the care of your patients?
3. Do you have any continuing physical or mental health problems that require ongoing treatment?
4. Do you now or have you ever had a drug or alcohol or psychiatric problem requiring intervention?

**Disciplinary Actions**

1. Are or have any of the following been in the process of being denied, revoked, suspended, relinquished, withdrawn, reduced, placed on probation, not renewed or pending investigation?
  - License or registration in any state
  - Other professional license/registration
  - DEA certificate of registration
  - Academic appointment
  - Membership on any hospital staff
  - Clinical privileges
  - Certification
  - Any other type of professional sanction
2. Have you ever resigned to avoid possible disciplinary action?
3. Have you ever been arrested or convicted of a felony?
4. Have you ever been investigated by a governmental agency?
5. Have you ever been restricted from participation with any governmental insurance agency or private insurance agency?

**Professional Liability Insurance**

Present carrier:  
Dates of coverage:  
Address:  
Telephone:  
Fax:  
Policy number:  
Coverage limits:  
Internet address:  
Other carriers in the past 5 years:

1. Have you ever had:
  - a. Lawsuit filed against you alleging fraud, liability, or malpractice?
  - b. Settlement paid on your behalf due to a lawsuit alleging fraud, liability or malpractice?
  - c. Judgment rendered against you due to a lawsuit alleging fraud, liability or malpractice?
  - d. Liability or malpractice claim brought against you that was resolved prior to initiation of a lawsuit for an amount of more than \$5000?
2. Has your professional liability insurance ever been denied or cancelled, or have you ever been refused a policy renewal?
3. Does your professional liability insurance policy carry any stated exclusions for specific procedures or treatments?

**Statement of Understanding and Agreement**

*(This statement authorizes the institutional privileging committee to contact any and all persons and institutions on this application to verify the credentials. Also verifies that the applicant is aware of the privileging process and agreement to abide by all institutional rules of conduct. The applicant signs at the end.)*

**Supervising Physician Statement**

*(Statement signed by the supervising physician for the clinical pharmacist that this person will act in accordance with rules of the institution for clinical supervisors. Signed by the supervising physician at the end.)*

**Approval Signatures (as required by the institution)**

**Other Documents To Provide to Committee (in addition to applications)**

Copy of current valid license(s)  
Copy of current DEA certificate (if applicable)  
Letters of verification from school, post-graduate training institution, all employers  
Letters of reference from peers (see above)  
Copy of clinical pharmacist collaborative practice agreement submitted to state board (if applicable)  
Official transcripts  
Letter from professional liability insurance company on any prior claims experiences  
Letters should include the following information:  
Verification of time span (if applicable)  
Description of training experience or practice  
Comment on competency, clinical skills/judgment, and/or character

Figure 2. Model privileging template.<sup>22</sup>

**Model Privileging Template**  
**[Institution name]**  
**Privileging for [Staff group which pharmacy falls under]**  
**[Clinical pharmacist title]**  
**Department of: \_\_\_\_\_**

**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

**Definition:** The Clinical Pharmacist Practitioner is a licensed pharmacist who provides drug therapy management under the supervision of a physician member of the medical staff who has provided written instructions for a patient and disease specific therapy which may include key functions necessary to initiate, continue, discontinue, modify, administer or monitor drug therapy.

**Governing Policies:** Policy(ies) on process, approval, appointment, documentation, peer review, competency and renewal of credentialing [*List any policies with which pharmacist must comply (HR policies, behavior/respect policies, pharmacy policies)*]

**Credentials/Qualifications Needed:** As set forth by the [State] Board of Pharmacy Rules and Regulations [number] [clinical pharmacist] and as required for membership on the [staff group] as defined by the Bylaws of the Medical Staff at [Institution], including any other related policies and procedures.

**Primary Source Verification:** Required credentials are verified by [*primary source, National Practitioner Data Bank or credentialing verification organizations*].

**Recredentialing Criteria:**

1. Volume—*Manage pharmacotherapy of at least [number] patients within [define scope of practice] every [interval: x] years*
2. Quality Improvement - *review of [define how patients selected for review] patients [frequency: e.g. daily? weekly?] by supervising physician or reported to appropriate administrative personnel*
3. Peer Review Process: [*describe the process of peer review in detail*]
4. Date of Renewal: *Maximum time of 2 years before renewal*

**Scope of Privileges:** *Types of activities, patients, diagnosis, treatments, age groups, level of care*

1. **Age:** Specify ages that will be included in your practice:  
 0-1       1-4       4-12       12-18       18-65       65-plus
2. **Emergency Care Responsibilities:** As specified in the attached [*clinical pharmacist collaborative practice agreement*]
3. **Medication Privileges:** Check all that apply  
*The following medication-related functions are included in privileges:*  
 Initiate medications  
 Continue/renew medications  
 Monitor medications  
 Modify medications  
 Discontinue medications  
 Administer medications  
*The following medications are included in my formulary:*  
 All formulary medications at institution  
 All formulary medications at institution except: [list]  
 Medications limited to clinical area of responsibility (state: \_\_\_\_\_)  
 [specific medications excluded by institution for all practitioners: example: thalidomide]  
 Other exclusions
4. **Other Activities:**  
 Conduct comprehensive patient health and medication histories  
 Perform physical examinations necessary to assess drug therapy needs  
 Document care in the medical record  
 Order laboratory tests to monitor drug therapy  
 Analyze laboratory and diagnostic test data to modify drug therapy and dosing  
 Schedule patient appointments  
 Admit or discharge patients from health facilities  
 Implement therapeutic substitution per formulary  
 Implement generic substitution of AB rated medication  
 Implement clinical guidelines/pathways  
 Change route of administration  
 Perform point of care testing or draw blood for the clinical lab test to monitor medication therapy  
 Assist in management of medical emergencies  
 Reconciliation of a list of patient home medications with current prescribed medications in an institution  
 Provide patient supplies to aid medication compliance or use medication properly  
 Other: Specify: \_\_\_\_\_
5. **Access to Supervising Physician:** (please specify [√] all that apply)  
 Supervising physician is on site at all times  
 Supervising physician or back up is available by phone  
 Supervising physician or back up is available by beeper  
 Other: As specified in the [clinical pharmacist] agreement attached

**Figure 2 (continued)**

**Process of Evaluation**  
*[Describe process of evaluation as described in medical staff by-laws, rules, and regulations]*

\_\_\_\_\_  
 Supervising Physician \_\_\_\_\_ Date

\_\_\_\_\_  
 Pharmacist \_\_\_\_\_ Date

*Please be sure that both you and your supervising physician sign and date.*

**Approval:**

**I hereby recommend approval of this application for privileges. This recommendation is made on the basis of my own observation of the applicant's activities and on the basis of knowledge of this applicant's competency to perform the privileges outlined in the attachments.**

\_\_\_\_\_  
 Pharmacist for Privileging Committee \_\_\_\_\_ Date

\_\_\_\_\_  
 Director of Pharmacy \_\_\_\_\_ Date

\_\_\_\_\_  
 Medical Staff Executive \_\_\_\_\_ Date

\_\_\_\_\_  
 Vice President \_\_\_\_\_ Date

take the lead to make sure they are included in an institution's credentialing apparatus.

Other institutional barriers may result from the requirements of the numerous regulatory organizations and the particular agenda and focus of each. There is often little agreement on minimum standards for initial privileging or the time periods and criteria for renewal. Requiring credentials to be accredited by a national organization may minimize concerns by institutional committee members unfamiliar with pharmacy professional credentials, as may providing an accurate scope of practice and having a physician advocate.

**Regulatory barriers.** The focus of several regulatory organizations and professional organizations on pharmacist postlicensure credentialing has led to a multiplicity of testing and evaluation mechanisms, resulting in confusion for pharmacists,

other health care professionals, and the public. BPS, formed in 1976, certifies pharmacists practicing in five specialties. BPS remained the lone pharmacy board certification body until 1997, when the Commission for Certification in Geriatric Pharmacy was formed. In 1998, the National Institute for Standards in Pharmacist Credentialing was established by leaders from four national organizations. CCP is a coalition of 15 national pharmacy organizations founded in 1999 to provide guidance on credentialing programs in pharmacy.<sup>10</sup> The variety of offerings by these groups may provide the guidance, authorization, and credentials needed, and indeed they have benefited thousands of pharmacists. Perhaps the work of these organizations will lead to a more coherent and comprehensive approach to pharmacist credentialing. One program under development by the government,

the Federal Credentialing Program, was originally established to guide physicians and dentists through credentialing; this program may be expanded to include pharmacists and other health care professionals.<sup>23</sup>

**Conclusion**

As pharmacist roles continue to expand and more pharmacists become involved in direct patient care, there is increasing need to verify pharmacists' ability to provide certain services. One way to achieve this is for institutions to develop a process for pharmacist privileging. This process will better align pharmacists with the methods used to determine the competence of other types of practitioners.

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