Examination Specifications
Ambulatory Care Pharmacy
Board of Pharmacy Specialties

Name of Credential	BPS Board-Certified Ambulatory Care Pharmacist
Certification-Issuing Body	Board of Pharmacy Specialties
Designation Awarded	BCACP
Level of Proficiency	Specialty Certification
Target Population	Pharmacists who provide integrated, accessible healthcare services for ambulatory patients in a wide variety of settings, including community pharmacies and clinics
Program Purpose	To validate that the pharmacist has the advanced knowledge and experience to optimize therapy for ambulatory patients who administer medications themselves or with the assistance of a caregiver
Eligibility Requirements	• Graduation from a pharmacy program accredited by the Accreditation Council for Pharmacy Education (ACPE) or a program outside the United States that qualifies the individual to practice in the jurisdiction • Current, active license or registration to practice pharmacy in the United States or another jurisdiction • One of the following, within the past 7 years: o At least 4 years of specialty area practice with at least 50% of time spent in the scope defined by the exam content outline o Completion of PGY1 pharmacy residency and at least 1 year of specialty area practice experience with at least 50% of time spent in the scope defined by the exam content outline o Completion of PGY1 pharmacy residency and PGY2 pharmacy residency in Ambulatory Care Pharmacy *Residency programs must be accredited by or deemed candidate status by the American Society of Health-System Pharmacists (ASHP) for PGY1, PGY2, and International Pharmacy Practice Residency Programs, or accredited by the Canadian Pharmacy Residency Board (CPRB) for year-1 programs.*
ECO Creation Date	September 2019

This document serves as examination specifications and certification scheme according to the respective requirements of the NCCA 2021 and ISO-IEC 17024:2012 standards.

For more information about the BCACP examination program, please refer to the BPS website and candidate's guide: www.bpsweb.org/specialty-exams/candidates-guide/.

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Examination Content Outline

1	**Patient-Centered Ambulatory Care**
1.1	Collect accurate and pertinent patient information
1.1.1	Patient interviewing techniques
1.1.2	Pertinent information to gather from the patient, medical record, and/or other sources (e.g., patient health and medication history, laboratory tests, diagnostic tests, biometric data, prescription drug monitoring)
1.1.3	Tools and techniques to identify patient-specific factors impacting care (e.g., adherence, access to care, cultural competency, health literacy, health beliefs, social determinants of health, patient readiness)
1.1.4	Physical assessment skills and techniques
1.1.5	Technology and medical devices to make medication-related and health-related decisions (e.g., point-of-care testing, ambulatory monitors and sensors, insulin pumps)
1.2	Assess patient-specific information
1.2.1	Principles of pharmacology to determine appropriateness, efficacy, and safety (e.g., drug interactions, adverse effects) for prescription, nonprescription, and complementary and alternative medicines
1.2.2	Impact of patient-specific factors on the development of the care plan (e.g., adherence, access to care, cultural competency, health literacy, health beliefs, social determinants of health, patient readiness)
1.2.3	Interpretation of results (e.g., physical assessment, laboratory data, diagnostic tests, self-screening and monitoring results, biometric data) necessary for disease and medication management
1.2.4	Clinical practice guidelines to determine gaps in care (e.g., identification of immunizations, health screening and monitoring, compelling indications)
1.2.5	Prioritizing patient needs and/or medication-related problems
1.2.6	Special populations (e.g., pediatrics, pregnancy, lactation, geriatrics, sex- and gender-specific health)
1.2.7	Patient medical needs beyond a pharmacist's scope of practice
1.3	Create and implement an individualized patient-centered care plan
1.3.1	Principles of pharmacotherapy and pharmacodynamics/pharmacokinetics to ensure appropriateness, efficacy, and safety (e.g., drug interactions, adverse effects) for prescription, nonprescription, vaccines, and complementary and alternative medicines
1.3.2	Clinical practice guidelines to establish goals of therapy that align with patient preferences
1.3.3	Clinical practice guidelines to develop pharmacologic and nonpharmacologic plans to achieve therapy goals
1.3.4	Lifestyle behaviors that impact chronic diseases and wellness (e.g., nutrition, exercise, tobacco use)
1.3.5	Proper administration techniques for various medications and products
1.3.6	Effective interventions to address medication and treatment nonadherence
1.3.7	Patient-specific factors (e.g., quality of life, end of life, comorbidities) and how they may impact the care of the patient
1.3.8	Pharmacoeconomic principles applied to treatment plan design
1.4	Follow-up to monitor and evaluate response to an individualized patient-centered care plan

1.4.1	Principles of pharmacotherapy and pharmacodynamics/pharmacokinetics to evaluate appropriateness, efficacy, and safety (e.g., drug interactions, adverse effects) for prescription, nonprescription, vaccines, and complementary and alternative medicines
1.4.2	Clinical practice guidelines to reassess goals of therapy that align with patient preferences
1.4.3	Clinical practice guidelines to reassess appropriateness of pharmacologic and nonpharmacologic plan to achieve therapy goals
1.4.4	Lifestyle behaviors that impact chronic diseases and wellness (e.g., nutrition, exercise, tobacco use)
1.4.5	Appropriate timing and frequency of reassessment (e.g., follow-up visit, laboratory evaluation, self-monitoring)
1.4.6	Patient-specific factors (e.g., quality of life, end of life, barriers to care) and how they may modify the care of the patient
1.4.7	Pharmacoeconomic principles that pertain when re-evaluating care plan
1.5	Educate patients and caregivers regarding the care plan
1.5.1	Pharmacotherapy and disease-specific counseling points (e.g., expected outcomes, adverse effects, administration, self-management)
1.5.2	Techniques for selecting or developing appropriate patient educational materials (e.g., content relevance, health literacy)
1.5.3	Wellness, prevention, and self-care (e.g., tobacco cessation, dietary modification, exercise, non-pharmacologic therapy)
1.5.4	Principles for assessing patient comprehension and engagement (e.g., teach-back, situational-based assessment, adherence improvement strategies)
1.5.5	Patient self-monitoring (e.g., home INR, glucose, weight, blood pressure)
1.5.6	Unique barriers to and implementation of education during non-traditional encounters (e.g., group education, telehealth)
1.6	Communicate the patient-centered care plan with other healthcare professionals across the continuum of care
1.6.1	Effective verbal and written communication techniques
1.6.2	Best practices for documentation
1.6.3	Principles of conflict management and negotiation
2	**Translation of Evidence into Ambulatory Care Practice**
2.1	Interpret and integrate literature into patient care
2.1.1	Common sources of literature applicable to ambulatory pharmacy practice
2.1.2	Interpretation of clinical and/or statistical significance (e.g., relative risk, number needed to treat, confidence intervals, *p*-values, clinical vs. statistical significance)
2.1.3	Research methodology to interpret internal and external validity (e.g., population selection, blinding, intervention)
2.1.4	Strengths and limitations of study design and/or literature source
2.1.5	Interpretation of study results as applied to patient care
2.1.6	Methodology and endpoints used in pharmaco-economics
2.2	Employ principles and strategies of project and research design
2.2.1	Principles of statistical analysis and study design for quality improvement projects and research
2.2.2	Regulatory and ethical requirements for the conduct of research
2.3	Apply data from internal or external sources to improve population health
2.3.1	Pertinent literature, evidence-based treatment guidelines, and consensus statements

2.3.2	Strategies to identify population-based interventions (e.g., public health repositories, claims databases, laboratory-driven reports, population health dashboard, medication safety reports/initiatives)
2.3.3	External organizational quality metrics (e.g., CMS, NCQA)
3	Ambulatory Care Practice Advancement
3.1	Collaborate with other healthcare professionals to advance team-based care
3.1.1	Interprofessional roles and relationships
3.1.2	The scope and limitations of ambulatory care pharmacy practice
3.1.3	Strategies for effective collaborative relationships with other healthcare professionals
3.1.4	Team strategies and tools to enhance performance and patient safety (e.g., hand-offs)
3.1.5	Resources for care coordination and transitions of care
3.2	Enlist strategies to effectively educate pharmacy personnel, other healthcare professionals, learners, and other stakeholders
3.2.1	Educational strategies, including but not limited to cognitive learning levels (e.g., Bloom's taxonomy), learning styles (e.g., visual, auditory, read/write, kinesthetic), and precepting roles (e.g., direct instruction, modeling, coaching, facilitation)
3.2.2	Resources available through relevant groups, organizations, and agencies
3.2.3	Techniques and/or strategies for effective feedback
3.2.4	Academic detailing
3.3	Establish, manage, and/or advance an ambulatory care practice or service
3.3.1	Types of patient care services within an ambulatory practice (e.g., medication therapy management, comprehensive medication management, adherence programs, disease management services, transitions of care)
3.3.2	Role of the pharmacist in patient-centered medical homes, accountable care organizations, or other specialty care services
3.3.3	Elements of a sustainable business model (e.g., SWOT analysis, compensation strategies, funding sources)
3.3.4	Continuous quality improvement processes (e.g., PDSA, Six Sigma)
3.3.5	Health information technology and documentation systems

The examination content outline is a product of a job analysis (aka role delineation study) that includes facilitation of discussions with a representative panel of 15-20 subject matter experts who identify competencies required for safe and effective pharmacy practice in this specialty area as well as a validation survey soliciting endorsement of the identified competencies from certified pharmacists in this specialty area. The job analysis process is conducted every 5 years to help ensure that the competencies in the examination content outline reflect current pharmacy practice in the specialty area.

Examination Administration and Scoring

	Number of Examination Items	Certification Exam	Recertification Exam
1	Patient-Centered Ambulatory Care	131	75
2	Translation of Evidence into Ambulatory Care Practice	26	15
3	Ambulatory Care Practice Advancement	18	10
	TOTAL	**175**	**100**

	Certification Exam	Recertification Exam
Exam Administration Time	4 hours 23 minutes	2 hours 30 minutes
Minimum Score	200	200
Minimum Passing Score	500	500
Maximum Score	800	800

The certification examination is split into two parts with an optional break (up to 30 minutes) in between. Part 1 consists of 100 items (2 hours 30 minutes) and Part 2 consists of 75 items (1 hour 53 minutes).

Maintenance of Certification

Recertification Requirements	Pharmacists who earn the BCACP designation will be required to maintain their certification over a 7-year period by completing one of the following recertification pathways: • Achieving a passing score on the BCACP recertification examination in their seventh year following initial certification • Earning 100 hours of BPS-approved continuing pharmacy education (CPE) credit provided by the joint professional development programs offered by the American College of Clinical Pharmacy (ACCP) and the American Society of Health-System Pharmacists (ASHP) and/or the program offered by the American Pharmacists Association. *The Ambulatory Care Pharmacy Preparatory Review and Recertification Course offered by either of the approved providers may only be completed for recertification credit up to two times, in nonconsecutive years, during the 7-year recertification cycle.*
Ethics and Professionalism	The Board of Pharmacy Specialties ascribes to the belief that certification carries an obligation for ethical behavior and professionalism necessary in all conduct. Candidates or certificants who are found to have exhibited unethical behavior or lack of professionalism may be prevented from pursuing certification or may be subject to suspension or withdrawal of certification, at the discretion of the Board of Pharmacy Specialties. Please refer to the BPS Ethics and Professionalism Policy: https://www.bpsweb.org/wp-content/uploads/2015/11/ethics.pdf