



**Examination Specifications
Geriatric Pharmacy
Board of Pharmacy Specialties**

Name of Credential	BPS Board-Certified Geriatric Pharmacist
Certification-Issuing Body	Board of Pharmacy Specialties
Designation Awarded	BCGP
Level of Proficiency	Specialty Certification
Target Population	Pharmacists who provide safe, effective, and evidence-based pharmaceutical care to older adults
Program Purpose	To validate that the pharmacist has the advanced knowledge and experience to focus on the special needs and medication-related issues of older adult patients who may have concurrent illnesses taking multiple medications
Eligibility Requirements	<ul style="list-style-type: none">• 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• At least 2 years of specialty area practice with at least 50% of time spent in the scope defined by the exam content outline
ECO Creation Date	December 2017

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 BCGP examination program, please refer to the BPS website and candidate’s guide: www.bpsweb.org/specialty-exams/candidates-guide/.

Examination Content Outline

1	General Principles of Aging
1.01	The spectrum of aging from healthy aging to frailty
1.02	The physiological heterogeneity of older adults
1.03	Social issues (e.g., family, culture, community, housing, access to care, policy issues, Medication use)
1.04	Financial issues (e.g., formularies, insurance coverage)
1.05	Principles of ethics (e.g., self-determination, autonomy, justice in the distribution of resources)
1.06	Elder abuse/neglect
1.07	Ageism and therapeutic nihilism (e.g., skepticism regarding value of treatment)
1.08	Communication barriers (e.g., cognitive, sensory, culture, language, health literacy)
1.09	Functional barriers to activities of daily living and instrumental activities of daily living
2	Person-Centered Care
2.01	Diagnostic criteria
2.02	Signs and symptoms
2.03	Pathophysiology
2.04	Etiology (e.g., drug-induced, disease-induced)
2.05	Risk factors
2.06	Onset, course, and prognosis
2.07	Common medical comorbidities
2.08	Relative role of treatment options (pharmacologic and non- pharmacologic)
2.09	Pharmacokinetics, pharmacogenomics, and pharmacodynamics
2.10	Relative potency, dosage, schedule, route of administration, and delivery technology
2.11	Relative effectiveness of treatment options, including complementary and alternative therapy
2.12	Dosage initiation, titration, and discontinuation (e.g., deprescribing)
2.13	Adverse events, toxicities, and complications (e.g., polypharmacy, prescribing cascade)
2.14	Drug interactions
2.15	Relative and absolute contraindications
2.16	Rationale for drug selection
2.17	Risk factors for non-adherence
2.18	Documentation systems and processes
2.19	Health care coverage and benefit options
2.20	Laboratory and diagnostic tests
2.21	Therapeutic drug monitoring
2.22	Physical assessment (e.g., vital signs, movement disorders)
2.23	Therapeutic end points
2.24	Frequency and relative importance of monitoring parameters
2.25	Assessment measures (e.g., cognitive, mental, functional, physical, safety)
2.26	Self-monitoring devices (e.g., glucose monitors, INR testing)
3	Population and Public Health
3.01	Continuum of care (e.g., home care, assisted living communities, nursing facilities, sub-acute care facilities, hospice care, hospitals)
3.02	Preventative care
3.03	Safety risks (e.g., falls, abuse, physical/chemical restraints, environmental hazards)

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| 3.04 | Medical literature and clinical practice guidelines related to common disorders found in older adults |
| 3.05 | Information resources and technologies |
| 3.06 | Study design and methodology (e.g., strengths and limitations of various designs, statistical methods) |
| 3.07 | Applicability and generalizability of research findings |
| 3.08 | Clinical versus statistical significance |
| 3.09 | System level medication use (e.g., medication utilization evaluation, antimicrobial stewardship) |
| 3.10 | Education methods and principles for target audience (e.g., patients, caregivers, health care professionals, public) |
| 3.11 | Medication appropriateness assessment (e.g., Beers criteria, START/STOPP, anticholinergic burden) |

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

<u>Number of Examination Items</u>		Certification Exam	Recertification Exam
1	General Principles of Aging	35	20
2	Person-Centered Care	105	60
3	Population and Public Health	35	20
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	<p>Pharmacists who earn the BCGP designation will be required to maintain their certification over a 7-year period by completing one of the following recertification pathways:</p> <ul style="list-style-type: none"> • Achieving a passing score on the BCGP recertification examination in their seventh year following initial certification • Earning 100 hours of BPS-approved continuing pharmacy education (CPE) credit provided by the professional development programs offered by the American Society of Consultant Pharmacists (ASCP) and/or the joint program offered by the American College of Clinical Pharmacy (ACCP) and the American Society of Health-System Pharmacists (ASHP). <p><i>The Geriatric 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.</i></p>
Ethics and Professionalism	<p>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.</p> <p>Please refer to the BPS Ethics and Professionalism Policy: https://www.bpsweb.org/wp-content/uploads/2015/11/ethics.pdf</p>