



## Examination Specifications Psychiatric Pharmacy Board of Pharmacy Specialties

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| <b>Name of Credential</b>         | BPS Board-Certified Psychiatric Pharmacist  |
| <b>Certification-Issuing Body</b> | Board of Pharmacy Specialties   |
| <b>Designation Awarded</b>        | BCPP  |
| <b>Level of Proficiency</b>       | Specialty Certification   |
| <b>Target Population</b>          | Pharmacists who have met the eligibility criteria and who design, implement, monitor, and modify pharmacotherapeutic treatments for persons with mental health challenges   |
| <b>Program Purpose</b>            | To validate that the psychiatric pharmacist has the advanced knowledge, skills, and experience to optimize safety and outcomes for persons with mental health challenges  |
| <b>Eligibility Requirements</b>   | <ul style="list-style-type: none"><li>• 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</li><li>• Current, active license or registration to practice pharmacy in the United States or another jurisdiction</li><li>• One of the following, within the past 7 years:<ul style="list-style-type: none"><li>○ At least 4 years of specialty area practice with at least 50% of time spent in the scope defined by the exam content outline</li><li>○ Completion of PGY1 pharmacy residency and at least 2 years of specialty area practice experience with at least 50% of time spent in the scope defined by the exam content outline</li><li>○ Completion of PGY1 pharmacy residency and PGY2 pharmacy residency in Psychiatric Pharmacy</li></ul></li></ul> <p><i>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.</i></p> |
| <b>ECO Creation Date</b>          | October 2021  |

**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 BCPP examination program, please refer to the BPS website and candidate's guide: [www.bpsweb.org/specialty-exams/candidates-guide/](http://www.bpsweb.org/specialty-exams/candidates-guide/).**

## Examination Content Outline

| <b>1 Person-Centered Care</b>                                |   |
|--|---|
| 1.01   | Motivational interviewing   |
| 1.02   | Social determinants of health   |
| 1.03   | Suicide risk assessment and prevention  |
| 1.04   | Mental health crisis intervention   |
| 1.05   | Interprofessional care coordination   |
| 1.06   | Psychiatric interview (e.g., mental status examination, review of symptoms)   |
| 1.07   | Screening, diagnostic, and monitoring scales (e.g., AIMS, BPRS, PHQ-9, GAD-7, C-SSRS)   |
| 1.08   | Health and medication history (e.g., past psychotropic medications, adherence, personal and family psychiatric history, social history, collateral) |
| 1.09   | Physical assessment related to the care plan (e.g., skin rash, vitals, mobility)  |
| 1.10   | Laboratory assessment and monitoring (e.g., therapeutic drug monitoring, diagnostic testing, monitoring for drug safety)                            |
| 1.11   | Diagnostic criteria, clinical signs, and symptoms for psychiatric disorders   |
| 1.12   | Clinical signs and symptoms of common neurologic disorders (e.g., seizure disorders, Parkinson disease, headache disorders)                         |
| 1.13   | Clinical signs and symptoms of neurodevelopmental disorders   |
| 1.14   | Adverse effects of psychotropic medications and other drug-related problems (e.g., withdrawal symptoms, adherence, drug interactions)               |
| 1.15   | Medications, substances, and diseases that can cause or worsen psychiatric symptoms   |
| 1.16   | Pharmacology of prescription and non-prescription treatments  |
| 1.17   | Non-pharmacological treatments (e.g., CBT, DBT, lifestyle modifications, ECT, trauma-informed care, CAM)  |
| 1.18   | Pharmacokinetics and pharmacodynamics   |
| 1.19   | Application of pharmacogenomic testing (e.g., CYP450 metabolism, relevant biomarkers)   |
| 1.20   | Digital health related to mental health management-(e.g., telehealth, smartphone apps, adherence)   |
| 1.21   | Drug therapy considerations for special populations (e.g., pediatrics, geriatrics, pregnancy and lactation, intellectual disabilities)              |
| 1.22   | Barriers associated with treatment non-adherence (e.g., stigma, transportation, medication dosing, formulation, frequency)                          |
| 1.23   | Biopsychosocial model of care   |
| 1.24   | Transitional care models  |
| 1.25   | Risk factors associated with relapse and recurrence   |
| 1.26   | Comprehensive medication management (e.g., safety, efficacy, comorbidity, deprescribing)  |
| 1.27   | Best practices for documentation  |
| 1.28   | Guardianship, commitment, and involuntary treatment   |
| <b>2 Translation of Evidence into Practice and Education</b> |   |
| 2.01   | Evidence-based care, landmark studies, and guidelines   |
| 2.02   | Primary, secondary, and tertiary resources of evidence  |
| 2.03   | Factors that impact the credibility and applicability of evidence (e.g., level of evidence, impact factor, funding source)                          |
| 2.04   | References (e.g., DSM-5), practice guidelines, and landmark trials pertinent to the treatment and diagnosis of psychiatric and related disorders    |
| 2.05   | Study design and methodology (e.g., Intention to treat, power, types of studies, types of error, hypothesis)  |

|          |  |
|----------|--|
| 2.06     | Statistical methods (e.g., selecting appropriate test, categories of data, descriptive vs. inferential)  |
| 2.07     | Statistical analysis (e.g., mathematical interpretation, <i>p</i> -value, NNT, NNH)  |
| 2.08     | Internal validity (e.g., bias, design errors, critical evaluation of biostatistics used)   |
| 2.09     | Clinical versus statistical significance of research findings and applicability to practice (e.g., efficacy vs. effectiveness, effect size, outcome endpoints)                       |
| 2.10     | Generalizability (e.g., population, inclusion/exclusion, duration, outcome measures used)  |
| 2.11     | Pharmacotherapy and disease-specific counseling points (e.g., expected outcomes, adverse effects, administration, and self-management)   |
| 2.12     | Education of individuals with psychiatric disorders and their caregivers (e.g., medication education groups, development of materials)   |
| 2.13     | Assessment of comprehension and engagement (e.g., teach-back) of education provided to individuals and families  |
| 2.14     | Education of healthcare professionals and other stakeholders (e.g., Journal Clubs, rounding techniques, provision of continuing education)   |
| 2.15     | Health literacy  |
| 2.16     | Emerging therapies and assessment tools (e.g., place in therapy, rating scales, evaluation tools, or therapeutic modalities)   |
| <b>3</b> | <b>Healthcare Policy, Advocacy, and Practice Management</b>  |
| 3.01     | Quality measures (e.g., NQF, PQA, HEDIS)   |
| 3.02     | Techniques to monitor safety (e.g., metabolic monitoring, compliance, MUEs, adverse drug event reporting and analysis, REMs)   |
| 3.03     | Formulary development and management   |
| 3.04     | Accreditation and regulatory requirements (e.g., TJC, HIPAA, CMS, CARF, OHRP)  |
| 3.05     | Measuring the effectiveness of psychiatric pharmacy services   |
| 3.06     | Organizations and agencies that report on disease surveillance (e.g., SAMHSA, CDC)   |
| 3.07     | Surveillance data (e.g., prevalence, incidence, social determinants, functional outcomes, access to care)  |
| 3.08     | Health promotion strategies (e.g., wellness screenings, tobacco cessation, suicide prevention)   |
| 3.09     | Organizations that advocate, assist in recovery, and provide resources for those impacted by psychiatric conditions (e.g., NAMI, CPNP, APA, 12-step, peer-to-peer)                   |
| 3.10     | Resources that improve access to medications and other therapies (e.g., patient assistance programs, specialty pharmacies, long-acting injections, substance use treatment programs) |
| 3.11     | Pharmacoeconomic studies (e.g., cost effectiveness of treatments)  |
| 3.12     | Behavioral health risk (e.g., harm reduction programs, naloxone and needle exchange programs, medication take-back, wellness)  |
| 3.13     | Policies and regulations regarding psychotropic medication use in special populations (e.g., foster care, forensic, substance use disorder, nursing homes)                           |
| 3.14     | Pharmacist practice models to address gaps in psychiatric care (e.g., medical home, consulting)  |
| 3.15     | Available resources to access care and treatment in times of crisis (e.g., financial need, disaster, drug shortage, public health threat)  |
| 3.16     | Strategies for effective collaborative practice agreements with other healthcare professionals   |
| 3.17     | Billing and reimbursement requirements for pharmacists   |
| 3.18     | Professional development for psychiatric pharmacists   |

**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                                  | Person-Centered Care                                 | 81                 | 65                   |
| 2                                  | Translation of Evidence into Practice and Education  | 25                 | 20                   |
| 3                                  | Healthcare Policy, Advocacy, and Practice Management | 19                 | 15                   |
| <b>SCORED ITEMS</b>                |  | <b>125</b>         | <b>100</b>           |
| <b>PRETEST ITEMS</b>               |  | <b>25</b>          | <b>--</b>            |
| <b>TOTAL</b>                       |  | <b>150</b>         | <b>100</b>           |

The certification examination includes unscored pretest items that are embedded within the test and represent new items that are being trialed before use as a scored item in subsequent forms of the examination.

|                                 | Certification Exam | Recertification Exam |
|---------------------------------|--------------------|----------------------|
| <b>Exam Administration Time</b> | 3 hours 45 minutes | 2 hours 30 minutes   |
| <b>Minimum Score</b>            | 200                | 200                  |
| <b>Minimum Passing Score</b>    | 500                | 500                  |
| <b>Maximum Score</b>            | 800                | 800                  |

## Maintenance of Certification

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|-------------------------------------|--|
| <b>Recertification Requirements</b> | <p>Pharmacists who earn the BCPP 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"> <li>• Achieving a passing score on the BCPP recertification examination in their seventh year following initial certification</li> <li>• Earning 100 hours of BPS-approved continuing pharmacy education (CPE) credit provided by the professional development programs offered by the College of Psychiatric and Neurologic Pharmacists (CPNP)</li> </ul> <p><i>The Psychiatric Pharmacy Preparatory Review and Recertification Course offered by any of the approved providers may only be completed for recertification credit up to two times during the 7-year recertification cycle. The Review Course is revised and released every other year on the even year; individuals cannot repeat the current edition of the Review Course for BCPP or ACPE credit.</i></p> |
| <b>Ethics and Professionalism</b>   | <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:<br/> <a href="https://www.bpsweb.org/wp-content/uploads/2015/11/ethics.pdf">https://www.bpsweb.org/wp-content/uploads/2015/11/ethics.pdf</a></p>   |