



Council on Credentialing in Pharmacy

Guiding Principles for Post-licensure Credentialing of Pharmacists

The Council on Credentialing in Pharmacy (CCP) provides leadership, guidance, public information, and coordination for the pharmacy profession's credentialing programs. CCP has previously published resource papers describing credentialing in pharmacy, the scope of practice of pharmacists and pharmacy technicians, and guiding principles for certification of individuals and accreditation organizations, sites or programs.¹⁻⁴

Credentials serve to document the knowledge, skills, and experience of pharmacists and are part of a comprehensive framework that includes professional education, licensure, formal post-licensure training, experience, and certification. To ensure optimal patient outcomes, specific post-licensure credentials are required of some pharmacists based on the complexity of the care they provide and/or to obtain specific patient care privileges.

CCP believes that structured processes for the credentialing and privileging of pharmacists can contribute to the safe and effective delivery of patient care and the *CCP Guiding Principles for Post-licensure Credentialing of Pharmacists* are offered with this intended goal.

For the purposes of this document, definitions for key terms are provided as follows:

Credential: Documented evidence of professional qualifications. Academic degrees, state licensure, residency certificates, and certification are all examples of credentials.

Credentialing: a) The process of granting a credential (a designation that indicates qualifications in a subject or area), (noted as ^a below); b) The process by which an organization or institution obtains, verifies, and assesses an individual's qualifications to provide patient care services (noted as ^b below).

Privileging: The process by which a health care organization, having reviewed an individual health care provider's credentials and performance and found them satisfactory, authorizes that person to perform a specific scope of patient care services within that organization.

1. Licensure of pharmacists should assure entry-level knowledge, skills, attitudes, and values for the provision of services and information regarding medications and their proper use. All licensed pharmacists should be capable of serving a wide variety of patients with different conditions and diseases when the complexities of the patient's pharmacotherapeutic and medical care needs and/or the technologies utilized in the delivery of care are limited. Post-licensure credentials for pharmacists should build on this foundation.

2. To ensure sustained program quality and viability over time and to protect the public and holders of the credentials, credentialing^a programs should be established through an efficient and effective profession-wide, consensus-building process. Credentials should be based on demonstrated patient/societal need, sustained demand within the pharmacy profession, and the availability of appropriate education and training programs to support the achievement and maintenance of the credential.
3. Within the pharmacy profession, there should be active coordination of and alignment between professional education, postgraduate education and training, and credentialing^a programs as outlined in the CCP Framework for Credentialing in Pharmacy Practice described in the Council's Scope of Contemporary Pharmacy Practice resource paper.²
4. Postgraduate education and training programs involve structured activities that should meet established professional standards. All credentialing^a programs should be accredited.^{3,4} Certification programs must be psychometrically sound, legally defensible, and should be accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI), or other recognized national or international accreditation body.
5. All postgraduate education, training and credentialing^a programs should include assessments that measure the knowledge and skills gained from these programs and/or provide evidence that holders of credentials have achieved the required level of competence. These assessments serve to document and assure ongoing program quality for all stakeholders within the health care system.
6. There should be a planned, coordinated effort by the pharmacy profession to educate pharmacists, other health professionals, employers, payers, and the public about all credentials held by pharmacists and their value to patients and the health care system. This effort should also advocate for the effective integration of pharmacists with post-licensure credentials into current and evolving health care delivery systems. Credentials should enable pharmacists to obtain specific patient care privileges and should not create barriers to the provision of any services pharmacists provide to their patients.
7. **Due to the variability in complexity of care and increasing differentiation of pharmacy practice, CCP believes that pharmacists—like many other patient care providers—should be expected to participate in credentialing^b and privileging processes to ensure they have attained and maintain competency to provide the scope of services and quality of care that are required in their respective practices.**
8. **For all practice settings, employers and payers should be encouraged to adopt and implement their own credentialing^b and privileging processes for pharmacists to determine and authorize the patient care responsibilities appropriate for particular patient populations and care delivery.**

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References:

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http://www.pharmacycredentialing.org/ccp/Contemporary_Pharmacy_Practice.pdf
3. Guiding Principles for Certification of Individuals in Pharmacy. January 2006. Council on Credentialing in Pharmacy, Washington, DC.
<http://www.pharmacycredentialing.org/ccp/Files/CCP%20Guiding%20Principles%20for%20Certification%20Adopted%20January%202006.pdf>
4. Guiding Principles for Accreditation of Organizations, Sites or Programs in Pharmacy. January 2006. Council on Credentialing in Pharmacy, Washington, DC.
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