

## I. Background

The October 18, 1996 memorandum from the Indian Health Service (IHS) Director established IHS pharmacists as primary care providers (PCPs) and allowed privileges to include prescriptive authority. In response to a growing interest in clinical practice nationwide and meetings with key stakeholders including the Centers for Medicare and Medicaid Services (CMS), the National Clinical Pharmacy Specialist Committee (NCPSC) was established by the IHS Principal Pharmacy Consultant in 1997 to provide a mechanism to ensure all IHS National Clinical Pharmacy Specialists (NCPS) display a uniform level of competency. The provision of advanced pharmacy care followed the IHS Pharmacy Standards of Practice as outlined in Chapter 7 of the Indian Health Manual, [https://www.ihs.gov/ihtm/index.cfm?module=dsp\\_ihm\\_pc\\_p3c7](https://www.ihs.gov/ihtm/index.cfm?module=dsp_ihm_pc_p3c7).

In 2008, the certification of NCPS was expanded to include clinical pharmacists within the Bureau of Prisons (BOP) in an effort to further promote innovation and excellence in professional practice (see BOP Memorandum of Understanding, <https://dcp.psc.gov/osg/pharmacy/documents/NCPS-MOU-IHS-BOP.pdf>). In 2013, at the request of the USPHS Chief Pharmacist Officer (CPO), NCPS pharmacy certification was extended to encompass all USPHS agencies, allowing further expansion, continuity, and promotion of exemplary pharmacy services.

With this official charge and history of advanced clinical care spanning several decades, the scope of NCPS care includes all criteria and responsibilities covered in the respective agencies' pharmacy policy, procedures, and standards of practice, as well as, comprehensive care for selected patients in whom medications are the principal method of treatment. The spectrum of pharmacist-provided patient care may include a patient interview, chart review, ordering and interpreting of laboratory tests, physical assessment, prescribing medications, providing patient education, and patient follow-up. Delivery of care may be completed via traditional or telemedicine patient visits. Treatment and management are performed through protocols, collaborative practice agreements (CPAs), and/or medical staff credentialing and privileging approved by the local, regional, and/or national medical staff. The NCPS certification is intended to uniformly recognize an advanced scope of practice aimed at managing disease states and/or optimizing specific high-risk drug therapy. The NCPS committee will only grant certification after applicants complete all required elements, as described below in Section X. In order to promote uniform competency and consistency in the practice of clinical pharmacy, NCPSC strongly recommends that all facilities adopt, at a minimum, the national NCPS standards for comprehensive medication and disease state management services.

## II. Purpose

The purpose of the USPHS NCPSC is to establish a national system to recognize expanded scopes of clinical pharmacy specialists in an effort to promote enhanced patient outcomes for

all areas where direct patient care is provided at public health facilities. The Committee will accomplish the following:

1. Define advanced scopes of practice for pharmacists within public health facilities (.)
2. Promote uniform clinical competency of USPHS/Federal/Tribal/ IHS Urban pharmacists on a national basis.
3. Evaluate CPAs and medical staff credentialing and privileging to assure consistency with national criteria for certification.
4. Serve as the body that reviews the credentials, training, education and experience of applicable pharmacists and grant NCPS certifications.
5. Serve as a resource for local facilities seeking to develop and implement an advanced practice of pharmacy model.
6. Collect and analyze outcomes from clinical programs, which may be utilized for promoting and sharing best practices.

### III. Membership

The Committee shall be composed of ten IHS pharmacists, three BOP pharmacists, one Immigration and Customs Enforcement (ICE) pharmacist, one Coast Guard (CG) pharmacist, one IHS physician, one BOP physician, one data analyst/application coordinator (non-voting), and one program advisor (non-voting).

NCPSC members shall nominate from within the voting members a chair-elect and executive secretary. NCPSC members shall nominate a data analyst/application coordinator after soliciting interest from **current NCPS certified pharmacists and/or former NCPSC members**. The Pharmacy Chief Professional Officer will select the program advisor.

Outgoing NCPSC chairs will have the option to serve as an ex-officio consultant to the committee. NCPSC may invite consultants to serve as subject matter experts as needed to advance the practice of clinical pharmacy.

Membership to include other agency representation will be considered as supported by volume of certified programs and pharmacists within that agency. All recommendations are subject to final approval by the CPO or CPO's designated program advisor.

#### 1. Committee Membership

##### a) Eligibility for Membership

Any public health facility pharmacist or physician in good standing within their agency and their local facility may be considered for NCPSC membership.

##### b) Selection of Members

The NCPS Chair will solicit new member nomination(s) from the pharmacy leadership from the agency in which the vacancy exists. The respective area/regional pharmacy consultant, chief pharmacist, or chief of clinical pharmacy programs will recommend candidates to NCPSC for review at the next business meeting. Upon review of the candidates' CV and

letter of interest, NCPSC will confirm the applicant(s) by the way of majority vote. The chair will submit the selection(s) to the CPO for final approval. The CPO may delegate to responsibility to the program advisor. NCPSC certification is preferred but not a requirement to serve as a NCPSC member. All members should be practicing in direct patient care and/or maintain an active CPA. NCPSC will strive to ensure that the majority of NCPSC members hold active NCPSC certification.

#### c) Duration of Membership

Each committee member shall be appointed for a term of three years. Pharmacist members may opt to remain on the committee for no more than one additional term, after which they must wait at least one full term before being selected to serve on the committee as a member. Physician members may serve an unlimited number of terms. The chair, chair-elect, and executive secretary will serve to limits of their office once selected. If any member vacates a position on the NCPSC due to agency or area transfer, voting membership may be retained for up to 3 months until a replacement is selected as described above. "Replacement" members appointed after January 1st will serve the remainder of the year, with their full 3-year term beginning the following October 1.

#### d) Membership Attendance

Each committee member of the NCPSC is expected to attend all meetings unless excused by the Chair. Any NCPSC member missing more than 25% of meetings without just cause can be removed at the discretion of the committee by majority vote.

#### e) Duties:

- Review protocols at quarterly protocol review meetings
- Communicate with all pharmacy directors and clinical pharmacists in your assigned area/agency regarding pertinent NCPSC information.
- Contribute to workgroups and projects as assigned by CPO, advisor, NCPSC chair or chair-elect.

## 2. Chair-person

#### a) Duties:

- Manage meeting schedules and agendas; distribute and post agenda
- Establish telephone conference line to conduct NCPSC meetings
- Select at least 2 committee members to review each application packet and report recommendations to NCPSC
- Facilitate meetings
- Serve as a liaison to the CPO or CPO's appointed program advisor and other national committees

- Represent NCPSC as member of the IHS National Pharmacy Council (NPC) and the USPHS Pharmacy Professional Advisory Committee (PharmPAC). Chair may also designate committee members to fill these roles.
- Maintain NCPSC application forms
- Maintain bylaws
- Assist the administrative secretary in maintaining the NCPSC section on the PharmPAC website
- Facilitate application process for filling vacant slots on NCPSC
- Write and distribute letters of appreciation to members for significant contributions to special projects.

c) Term:

- The committee chairperson will serve a two-year term beginning October 1<sup>st</sup> of even numbered years. Upon completion of this term, the chairperson may serve as an ex-officio member.
- While serving as chair NCPSC will select a new member to represent the area/agency during the term.
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### 3. Chair-elect

a) Duties:

- Serve as NCPSC Chair-person in their absence
- Assist the Chairperson in accomplishing above duties
- Notify applicants and CPO or CPO's program advisor of committee recommendations
- Distribute NCPSC certification certificates and feedback forms to applicants
- Lead workgroups to advance NCPSC mission and goals
- Review NCPSC membership roster including Ex Officio members and provide recommendations based upon attendance reports provided by the executive secretary and other relevant reports.
- Assist the Chair in writing and distributing letters of appreciation NCPSC members for significant contributions to special projects.

b) Appointment:

- The Chair-elect will be selected by members of NCPSC in even-numbered years by way of majority vote and recommended to the CPO or CPO's program advisor for approval. Only members with less than 5 years of service on the committee are eligible for the chair-elect position.

c) Term:

- The Chair-elect will serve a two-year term beginning October 1<sup>st</sup> of even numbered years, and will assume the duties as chairperson upon completion of his/her term.

- In the event that the Chair-person is no longer able to perform the function of the position the chair-elect will take over as Chair-person. The Chair-elect will finish out the remainder of the term and will have the option to serve an additional 2 years as Chair-person.
- If the chair-elect transfers agency/area a new member will be selected to serve the area/agency vacated. The chair-elect will continue in his/her position.

#### 4. Executive Secretary

##### a) Duties:

- Document attendance and verify quorum is met at monthly meetings
- Record and prepare minutes for each meeting
- Upload minutes to the NCPSC max.gov for membership viewing
- Maintain the NCPS section on the PharmPAC website
- Maintain a roster of NCPSC members including term start and limit dates
- Prepare quarterly communication document to the field
- Provide attendance records of NCPSC members including Ex Officio members at least annually and upon request.
- Other administrative duties as assigned

##### b) Appointment:

- The Executive Secretary will be selected by members of NCPSC by way of majority vote and recommended to the CPO or CPO's program advisor for approval.

##### c) Term:

- The Executive Secretary will serve a two-year term beginning October 1<sup>st</sup> of even numbered years with the option of one additional term upon NCPSC member approval.
- In the event that the Executive Secretary is no longer able to perform the function of the position, the Chair-person and Chair-elect will assume this role until a replacement is found. The newly appointed executive secretary will finish out the remainder of the term and will have the option to serve an additional 2 years as executive secretary.

#### 5. Data Analyst/Applications Coordinator

##### a) Duties:

- Data Analyst/Applications Coordinator
  - Maintain current and historical records of NCPS certified pharmacists
  - Collect and collate clinical and administrative outcomes produced by NCPS certified pharmacists and programs
  - Maintain active certification roster on PharmPAC website
- Applications Coordinator
  - Point of contact for initial and recertification NCPS applications.

- Collect and collate applications and ensure the completeness thereof.
- Submit timely lists and copies of obligatory reviewable documents to NCPSC Chair. Provide names and other relevant applicant information to NCPSC for review as needed during the certification process.

b) Appointment:

- The Data Analyst & Applications Coordinator will be nominated by members of the NCPSC and recommended to the CPO or CPO's designee for approval.

c) Term

- The Data Analyst & Applications Coordinator will serve a two-year term with the option of consecutive terms upon NCPSC member approval.

6. Ex officio Members

a) Expectations:

- Serve as a point of contact for NCPSC and workgroups as a subject matter expert in NCPSC operations.
- Attend 50% of monthly meetings per operational year to retain Ex officio status.

## IV. Meetings

1. The NCPSC shall meet monthly for business items and quarterly for protocol review as directed by the CPO or CPO's designee.
2. Quarterly protocol review dates and application deadlines will be posted on the PharmPAC-NCPSC website at the beginning of each operational year.
3. It is the responsibility of the NCPSC Chair to distribute an agenda and supporting documents to committee members at least 7 days prior to the scheduled meeting.
4. It is the responsibility of the Executive Secretary to distribute meeting minutes within 7 days after the meeting.
5. It is the responsibility of the committee members to send the Chair-elect the critical elements checklist filled out for each protocol reviewed within 7 days after the meeting.
6. It is the responsibility of the Chair-elect to notify applicants and those who submitted protocols the approval or denial status within 14 days after the meeting.
7. The Committee must have a quorum of 70% of voting members to hold an official meeting.

## V. The Application Process

1. Eligibility for Application
  - a. Any USPHS/agency pharmacist with an unrestricted pharmacy license and meeting the criteria for NCPSC shall be eligible to apply. Completed applications must be received at

least 30 days prior to the next scheduled protocol review meeting to be evaluated for certification.

- b. Application materials are posted on the USPHS PharmPAC-NCPS website. Additional inquiries should be directed to agency-specific representatives of the NCPSC.

## 2. Application Requirements

### *NCPS Certification:*

- a. Completed and signed Application for USPHS National Clinical Pharmacy Specialist (See General Instructions for NCPS Application).
- b. Copy of current state pharmacy license(s) and any other advanced practice license(s).
- c. Evidence of 2 years of clinical pharmacy practice (as defined below) within the 5 years that immediately precede the date of the application and engaged in clinical pharmacy practice for at least 6 months at the local site.  
OR
- d. Evidence of 2 years of clinical pharmacy practice (as defined below) and the applicant was issued NCPS certification within the last 3 years and is currently in good standing.
  - i. Clinical Pharmacy Practice – Pharmacist has the privilege to order and interpret laboratory tests, perform limited physical assessments, and prescribe medications.
- e. Evidence of 15 hours of clinically pertinent continuing education or contact hours with a privileged provider for the previous year.
- f. A letter of attestation completed and signed by the applicant's NCPS or physician supervisor stating how the applicant meets the criteria for NCPS certification.
- g. Copies of any postgraduate residency certificates, specialty board certifications, state issued clinician's license, disease state management certificates relevant to the area(s) in which the applicant is applying to practice, and/or a narrative detailing experience if using clinical experience in lieu of additional certification or licensure and/or other certifications relative to meeting the criteria for national certification.
- h. Copy of immunization practical training program certification or state licensure to administer immunizations.
- i. Other certifications as reported on the application form such as tobacco cessation, opioid rapid response team, DATA waiver training, CDE etc.
- j. A copy of the pharmacist's and/or local facility's CPA or privileging document with documentation of current medical staff approval (preferably within the last year) and signed within the past 2 years. The CPA should include the approval date and any revision dates. The CPA must include a comprehensive medication and disease state management clinical practice.
- k. Completed critical elements checklist filled out by applicant with protocol submission.
- l. Evidence of 45 patient encounters within the past 12 months from NCPS application time of submission.
- m. Clinic outcomes data reflecting most recently completed fiscal year (October 1st to September 30th) for the most frequent disease states managed.

- i. Must be submitted annually after certification is granted to maintain active NCPS status.
- n. Credentialed and privileged through the agency or local facility's medical staff. If NO, must complete Credentialing and Privileging Waiver attached to application package. \

*NCPS-D Certification:*

- a. Current, active NCPS certification and pharmacist licensure in any U.S. state or territory, including completion of 30 hours of clinically relevant ACPE- or AMA-accredited Continuing Education within the 2 years prior to the NCPS-D application date
- b. Completion of an IHS Advancing Pharmacy Practice Committee (APPC)-approved physical assessment training course.
- c. 500 patient encounters in the 2 years prior to the NCPS-D application date
- d. All encounters must include 2 chronic disease states/diagnoses OR 1 chronic diagnosis and 1 preventative health intervention OR 1 acute health condition newly diagnosed by the pharmacist
- e. 50% or more of the encounters must occur after the physical assessment course completion date
- f. 10% or more of encounters must include an acute or chronic condition newly diagnosed by the pharmacist
- g. 25% of encounters can be telehealth; submitted telehealth encounters must include video and physical examination components
- h. Applicants may include patient encounters where the pharmacist served as a proctor, or preceptor for a trainee. These are cases where the applicant supervised a trainee in clinical decision making and physical examination but may not be the primary author of the note.
- i. Copy of approved collaborative practice agreement (CPA) or protocol AND dated copy of local approved clinical privileges that clearly shows pharmacist has core assessment, diagnostic, and treatment privileges for at least one broad-scope area of care, such as internal medicine, psychiatry, or infectious disease. Pharmacists practicing under a protocol must provide a copy of their privileging letter.
- j. Letter of attestation from physician or supervising pharmacist
- k. Submission of clinical outcomes for  $\geq 4$  clinically privileged disease states upon application and annually to maintain certification
- l. Professional Contributions – applicants must indicate one item from any two professional contributions categories and provide documentation, such as a copy of the publication or certificate of appreciation from the organization



### 3. CPA/Protocol Approval

- a. Collaborative Practice Agreements will be reviewed extensively by NCPSC utilizing the critical elements for clinical protocols checklist as an evaluation tool.
- b. CPA/protocols not recommended for approval as a NCPSC certified program will be provided feedback by the NCPSC on areas of improvement and be encouraged for resubmission.

### 4. Storage of Applications

- a. Will be maintained in electronic format in accordance with federal records retention schedules.
- b. This system of records is voluntary and therefore is not considered a part of the IHS Credentials and Privileges Records. All submitted documentation will be maintained in a confidential manner.

### 5. Committee Decisions

- a. Completed applications of pharmacists seeking NCPSC certification shall be acted upon by the NCPSC quarterly each year in February, May, August, and November. Notification shall be given within 14 days after the Committee's meeting.
- b. The NCPSC shall issue an official certificate to each pharmacist that has applied for and successfully met the requirements for NCPSC certification. The certificate shall be valid for a period of three years. The applicant may apply for re-certification at that time.
- c. The applicant must notify the NCPSC in writing if his/her local CPA or privileging status changes.
- d. The NCPSC Chair-elect shall notify the applicant by email of the committee's decision. Pharmacists not granted a certification by the Committee will receive a detailed explanation of the Committee's decision.

## **VI. The Recertification Process**

- 1. Every three years, the applicant shall re-apply for certification.
- 2. A pharmacist whose certification has expired for a period greater than 12 months must apply using the initial certification process instead of the re-certification process.

## **VII. Revisions**

The Committee shall review the Bylaws at least every two years. Recommended revisions will be made and approved by a majority vote of NCPSC. Final approval of modifications will be made by the CPO or CPO's designee.

Revised Dates: 06/2018, 11/2020, 2/2023