

**UNITED STATES PUBLIC HEALTH SERVICE  
NATIONAL CLINICAL PHARMACY SPECIALIST COMMITTEE BYLAWS**

**I. Background**

The October 18, 1996 memorandum from the Indian Health Service (IHS) Director established IHS pharmacists as primary care providers (PCPs) and allowed for privileges to include prescriptive authority. In response to a growing interest in clinical practice nationwide and meetings with key stakeholders such as the Center for Medicare and Medicaid Services (CMS), the National Clinical Pharmacy Specialist Committee (NCPSC) was established by the Chief Pharmacy Officer (CPO) in 1997 to provide a mechanism to assure that all IHS National Clinical Pharmacy Specialists (NCPS) display a uniform level of competency. The provision of advanced pharmacy care follows the IHS Pharmacy Standards of Practice as outlined in Chapter 7 of the Indian Health Manual. 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). With this official charge and history of advanced clinical care spanning nearly 30 years, the scope of NCPS care includes all criteria and responsibilities covered in the Standards of Practice, as well as focused management of disease states for selected patients in whom medications are the principle method of treatment. Patient care may include a patient interview, chart review, ordering of laboratory tests, laboratory test interpretation, limited physical assessment (e.g., blood pressure, pulse, height, weight, finger stick glucose, foot assessment, patient observation, etc.), prescribing medications, providing patient education, and patient follow-up. Treatment and management are performed through primary care protocols (collaborative practice agreements {CPA}) approved by the local medical staff. If the pharmacist is a certified NCPS provider, the CPA has also been approved by the NCPSC. The NCPS certification is intended to uniformly recognize an advanced scope of practice aimed at managing one or more disease states and/or optimizing specific drug therapy. Pharmacists may practice disease state management at a facility after completing local requirements. NCPS certification will be granted only after appropriate application and fulfillment of all requirements. In order to promote uniform competency and consistency in the certification process, it is strongly recommended that all facilities adopt, at a minimum, the national (NCPS) standards for local credentialing of pharmacists for disease state management.

**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 of governmental agencies (i.e., federal or tribal) where direct patient care is provided. The Committee will accomplish the following:

1. Promote uniform clinical competency of USPHS pharmacists on a national basis.
2. Define advanced scopes of practice for USPHS pharmacists.
3. Evaluate CPA's 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 a pharmacy-based CPA.

### **III. Authority**

The October 18, 1996 memorandum from the IHS Director established prescriptive authority, an advanced scope of practice for IHS pharmacists as PCPs. The NCPSC was established by the IHS Principle Pharmacy Consultant (PPC) in 1997 to provide a mechanism to assure that all IHS NCPS recipients display a uniform level of competency. On December 3, 2008, a Memorandum of Understanding (MOU) established collaboration between the IHS and BOP pharmacy programs to include recognition of BOP pharmacists practicing as clinical pharmacy specialists. In 2013, at the request of the USPHS CPO, NCPS pharmacy certification was extended to encompass all USPHS agencies, allowing further expansion, continuity, and promotion of exemplary pharmacy services.

### **IV. Membership**

#### **1. Composition**

The Committee shall be composed of eleven I/T/U pharmacists, one BOP pharmacist, one I/T/U physician and one BOP physician as voting members. NCPSC members shall nominate committee members, ex-officio members and/or consultants, a committee chairperson, chair-elect, and an executive secretary to provide administrative support to the committee. 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 of the USPHS.

Chairperson:

Duties:

- Set up meeting agenda and date
- Distribute CPA's for committee review
- Assist Chair-Elect with notifying applicants and CPO of committee recommendations
- Coordinate certificate processing with CPO
- Facilitate meetings
- Serve as a liaison to the CPO and other national committees

- Represent NCPSC as member of the IHS National Pharmacy Counsel (NPC) and the USPHS Pharmacy Professional Advisory Committee (PharmPAC)

**Appointment:**

The Chairperson will be nominated by members of the NCPSC and recommended to the CPO for appointment.

**Term:**

The committee chairperson will serve a 2 year term. Upon completion of this term, the chairperson may serve ex-officio.

**Chair Elect:**

**Duties:**

- Assist the Chairperson in accomplishing above duties
- Notify applicants and CPO of committee recommendations

**Appointment:**

The Chair elect will be nominated by members of the NCPSC and recommended to the CPO for appointment.

**Term:**

The Chair elect will serve a two year appointment and will assume the duties as chairperson upon completion of his/her term.

**Executive Secretary:**

**Duties:**

- Record minutes for each meeting
- Document attendance and verify quorum is met
- Distribute minutes to all NCPSC members, CPO and the IHS intranet website coordinator
- Other administrative duties as assigned
- Upload minutes to NCPS SharePoint site

**Appointment:**

The Executive Secretary will be nominated by members of the NCPSC and recommended to the CPO for appointment.

**Term:**

The Executive Secretary will serve a two year term with the option of consecutive terms upon NCPSC member approval.

2. Eligibility for Membership

Any governmental agency (i.e., federal or tribal) pharmacist or physician in good

standing within their agency and their local facility may be considered for NCPSC membership.

3. Selection of Members

Committee members shall be selected by the CPO from recommendations made by the Committee. At least eight of the twelve pharmacists shall be NCPS certified.

4. Duration of Membership

Each committee member shall be appointed for a term of at least three years. At least three members shall be replaced bi-annually. The NCPSC shall make recommendations to the CPO for routine vacancy replacements. If any member vacates a position on the NCPSC due to agency or area transfer, retirement, etc., the NCPSC shall solicit volunteers and recommend a pharmacist (or physician) to the CPO to fill the vacancy.

5. 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 50% of meetings without just cause can be removed at the discretion of the CPO.

## **V. Meetings**

1. The NCPSC shall attempt to meet quarterly with one face-to-face meeting per year as directed by the CPO.
2. It is the responsibility of the NCPSC Chair to distribute an agenda and supporting documents to committee members prior to the scheduled meeting.
3. It is the responsibility of the Executive Secretary to distribute meeting minutes within 30 days after the meeting.
4. It is the responsibility of the Chair Elect to notify potential applicants in advance of the meeting via the agency's pharmacy listserve or website.

## **VI. Responsibilities**

1. Define advanced scopes of practice for pharmacists within governmental agencies (i.e., federal or tribal).
2. Evaluate CPAs to assure consistency with national criteria for certification.
3. Serve as the body that reviews the credentials, training, education and experience of USPHS pharmacists and grant NCPS certification.
4. Serve as a resource for local facilities seeking to develop and implement a

- pharmacy-based CPA.
5. Identify, collect and analyze outcome data for program impact.
  6. Serve as the central repository for clinical pharmacy outcomes data.

## VII. The Application Process

### 1. Eligibility for Application

- a) Any USPHS/agency pharmacist with an unrestricted pharmacy license and meeting the criteria for NCPS shall be eligible to apply. Completed applications received before the posted deadline will be evaluated for certification.
- b) Application materials are posted on the USPHS PharmPAC website. Additional inquiries should be directed to agency-specific representatives or NCPSC members.

### 2. Application Requirements

#### Disease Specific 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) Summary of continuing education or contact hours with a privileged provider for the previous year.
- d) Copy of any postgraduate residency certificates, specialty board certifications, disease state management certificates, or other certifications relative to meeting the criteria for national certification as a NCPS.
- e) A copy of the facility's disease state management CPA, with documentation of current medical staff approval (preferably within the last year).
- f) A statement from the applicant's NCPS or physician supervisor stating how the applicant meets the criteria for NCPS and certifying that local disease state management credentialing has been obtained.

#### Primary Provider Certification:

- a) Completed and signed application for National Clinical Pharmacy Specialist – Primary Provider. (See General Instructions for NCPS-PP Application)
- b) Copy of current state pharmacy license(s) and other professional license(s).
- c) Copy of your Commissioned Core Personnel Orders or other documentation sufficient to corroborate time served within the agency and time served as a locally certified pharmacy practitioner.
- d) Statement from the applicant's physician supervisor on how the applicant meets criteria for NCPS-PP and certifying that local pharmacist practitioner credentialing has been obtained.

- e) Evidence of physical assessment training.
- f) Summary of continuing education and contact hours with a physician or group of physicians.
- g) A copy of the facility's privileging documentation (including scope of practice clearly indicating authorization to diagnose and treat).

3. CPA/Protocol Approval

- a) Collaborative Practice Agreements will reviewed extensively by the NCPSC utilizing the critical elements for clinical protocols checklist as an evaluation tool. Approval of CPA/protocols will be granted for a 2 year period.
- b) Applications for provider certification utilizing an approved CPA/protocol in good standing will not require complete protocol review at the time of their application submission. However, applicants will still need to provide a copy of their approved protocol with current signatures, dates, and outcomes as part of the application.
- c) CPA/protocols not recommended for approval as a NCPS certified program will be provided feedback by the NCPSC on areas of improvement and be encouraged for resubmission.
- d) CPA/protocols should be submitted for re-approval at the end of their 2 year period even in no applications for providers are required.

4. Storage of Applications

- a) A file containing the completed application and related documents of a pharmacist seeking NCPS certification shall be stored for a period of at least 5 years at the IHS Clinical Support Center in Phoenix, AZ. There shall be an individual file for each applicant, and all files shall be kept in a lockable file cabinet.
- 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 NCPS certification shall be acted upon by the NCPSC quarterly each year. Notification shall be given promptly 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 NCPS 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 CPS or privileging status changes.

- d) The NCPSC shall notify the applicant in writing of Committee results. Pharmacists not granted a certification by the Committee will receive a detailed explanation of the Committee decision.
- e) The Committee must have a quorum of eight (8) members to hold an official meeting. The Committee must have eight (8) affirmative votes to take action.

### **VIII. The Re-certification Process**

- a) Every three years, the applicant shall re-apply for certification. (**See Re-certification Application for Disease State and Primary Provider.**)
- b) 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.

### **IX. Revisions**

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