

Board Specialty Certifications for Pharmacists in Arab Countries: Current Needs and Recommendations

INTRODUCTION

For more than three decades, the American Board of Pharmacy Specialties (BPS) has provided specialty-level certification programs for pharmacists – both nationally and internationally. This qualification certificate has been established to “Improve patient care through recognition and promotion of specialized training, knowledge, and skills in pharmacy practice and through board certification of pharmacists.”^[1] Since its inception, about 25,227 pharmacists have been certified. Statistics showed that the vast majority of the certified pharmacists ($n = 23,184$, 92%) were from the USA, whereas the rest ($n = 2043$, 8%) were pharmacists from other countries. A list of the first seven countries in terms of the number of certified pharmacists is shown in Table 1. It is noticeable that three of these countries are Arab countries (ACs). The rest of countries have <100 of certified pharmacists.^[2]

Over the last few years, American Board Certification for Pharmacists has been considered as an important achievement not only among the USA pharmacists but also envisaged as “reputed credential” for pharmacists practicing in ACs. A comprehensive view into the numbers of certified pharmacist per location revealed that 984 (48%) out of a total of 2043 non-USA certified pharmacists are belonging to ACs. Total distribution of board certified pharmacists is provided in Table 2.

This editorial aims to identify the factors behind this relatively large number of certified pharmacist in ACs and to suggest ways to optimize the process of board certification in those countries. This work is based first on the concern about keeping the value of board certification which reinforces a pharmacist’s clinical competence.^[3] Second, the acknowledgment of the need for board certified specialty pharmacist due to today’s complexity of patient care process and increasing patient awareness pattern.^[4] By tracking these reasons and through personal communication with number of Arab Board Certified Pharmacists, there are numerous factors underlying this participation which can be summarized in the following points.

Eligibility criteria for setting the board exam

The current BPS guidelines for the exam setting do not mandate non-USA pharmacists to show evidence of clinical experience in a certain pharmacy specialty to set for this particular specialty certification exam. It requires only a personal declaration statement in the online application form that the candidate has an experience in this specialty for certain number of years. The proper evaluation of practice experience as an eligibility requirement is critical to avoid the situation where attainment of improvement in patient

Table 1: First seven countries in number of board certified pharmacists

Country of practice	Number of board certified pharmacists
USA	23,184
Egypt	510
Canada	285
Saudi Arabia	266
Singapore	229
Spain	157
United Arab Emirates	108

Table 2: Distribution of total number of board certified pharmacists

Country(s) of practice	Number of board certified pharmacists
USA	23,184
Arab countries	984
Non-USA and non-Arab countries	1059
Total	25,227

care as a main objective of board certification process may become less likely to be achieved.^[1] It is imperative to have rigorous eligibility criteria in order to maintain the value and reputation of board credentials in the future. This criterion should align with what was guided by ACCP earlier in 2006 that board certification should indicate a pharmacist’s degree of mastery, because certification is an index of one’s knowledge at a “predefined level that has been rigorously validated.”^[5]

A critical revision will help to preclude any potential negative perceptions toward board certification that it can be envisaged as a waste of time and money among higher proportion of pharmacists.^[6]

The motive toward being board certified pharmacist in Arab countries

Second, it has been observed over the last few years that an increasing number of Arab pharmacists are sitting for the certification exam because some of them have perceived positively that board certification might be attributed to build up their careers. This finding may go similar to what have been reported by sample of USA pharmacists that personal growth is considered as the most common contributor for their board certification.^[7]

Lack of national accredited specialty certification programs in Arab countries

The third factor contributes to this increasing pattern of ACs pharmacists' participation in board exam is related to national professional bodies in ACs which do not offer enough accredited specialty certification programs for their pharmacists. It is noticeable when comparing numbers of certified pharmacists in the ACs with their counterpart in other countries such as United Kingdom and Australia which have only 8 and 34 board certified pharmacists respectively, that the existence of national accredited certification and continuous development programs has decreased relatively the need for registered pharmacists in both countries to set for American board certification exam.

Moreover, we must not lose sight of the fact that certification exam includes a considerable non-therapeutic content which may be of no much practical value for international candidates as long as their main pharmacy practice settings are outside the USA.

SUGGESTIONS

The authors suggested to rectify those issues regarding board specialty certifications in ACs:

- For pharmacists, an evidence of clinical experience in a certain specialty should be a mandatory requirement for setting to that particular specialty exam to limit the process of board certification among those with higher probability to enhance patient care
- For pharmacy educators who are recommended to be board certified according to ACCP,^[4] evidence of involvement in experiential education should be a prerequisite for setting board certification exam
- It is proposed that board specialty certification exams in ACs may be better to be offered in collaboration with professional bodies in each country rather than direct candidate's application to set for the exam. Those professional bodies should represent BPS in assuring that applicants for the specialty exam have prior practice experience in this particular specialty.

These suggestions aim to optimize the provision of strategically planned quality care to masses board certified pharmacists seem to be major stakeholder in curtailing hospital readmissions and doctors' visits by providing focused care to their patients.

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