

FIP WHITE PAPER

Credentialing and professional recognition in pharmacy

Executive summary

As pharmacists increasingly take on advanced and specialised roles across healthcare systems, there is a growing need for credentialing and professional recognition systems to validate competence, support career progression, assure quality, and strengthen public confidence in the profession. We know significant variation exists globally in the terminology, standards, and approaches used to recognise advanced and specialist pharmacy practice.

In response to a mandate from the International Pharmaceutical Federation (FIP) Council, this White Paper explores current approaches to credentialing and professional recognition and provides a global framework to support the development, advancement, and use of credentialing systems worldwide. Drawing on existing FIP resources, member consultation, and international case studies, it identifies key principles and recommendations to support credible, flexible, and sustainable systems that can be adapted to national contexts.

The White Paper has identified credentialing as a structured continuum of professional development that supports workforce advancement, recognises advanced and specialist practice, and contributes to improved patient care and health system performance. It presents guiding principles for credentialing and professional recognition and offers recommendations for regulators, professional organisations, educational providers, employers, policymakers, funders, and practitioners.

By promoting shared understanding, the use of consistent terminology, and globally relevant principles, this White Paper aims to provide recommendations that support workforce development, strengthen healthcare systems, and advance pharmacy's contribution to improving health outcomes and achieving universal health coverage.

Rationale

The Astana Declaration (2018) affirmed FIPs commitment to primary health care (PHC) as a vital mechanism to achieve universal health coverage (UHC) for all by 2030.¹ The International Pharmaceutical Federation (FIP) seeks to deliver the commitment in the Astana Declaration by ensuring that pharmacy and the pharmaceutical workforce are embedded and positioned as integral to the delivery of quality PHC. At the same time, pharmacists contribute more broadly across health systems through prevention, acute care, specialised services, medicines optimisation, public health, and system-level functions. Quality PHC requires pharmacists, and their role across healthcare systems has never been stronger.

For consistency, this paper will use the FIP term “pharmaceutical workforce” as encompassing the whole of the pharmacy related workforce (e.g., registered pharmacist practitioners, pharmaceutical scientists, pharmacy technicians and other pharmacy support workforce cadres, pre-service students/trainees) working in a diversity of settings (e.g., community, hospital, research and development, industry, military, regulatory, academia and other sectors) with a diversity of scope of practice.²

While acknowledging this broader definition, the primary focus of this White Paper centres on pharmacists and their role in the provision of patient care within health systems. For additional terminology and definitions used in this document, readers are referred to the Glossary section.

As the third largest, vital health profession that plays a pivotal role in healthcare systems, it is imperative to develop a flexible, adaptable and competent pharmaceutical workforce to meet patients’ needs and to optimise complex pharmaceutical care. FIP supports a future in which advanced generalist and specialist pharmacists have the flexibility to adapt to emerging patient and health system requirements, essential to achieving UHC.³ Clear pathways for workforce development, alongside transformative science and practice development, will be enabled by professional recognition and potential credentialing of practitioners in due course. There is a potential for transnational collaboration and transnational recognition of advanced capabilities for the pharmaceutical workforce. It is therefore important to develop a global resource to support individuals, institutions and national bodies.

At a meeting in Cape Town in 2024, the FIP Council approved the establishment of a taskforce to develop a White Paper on post-licensure / post registration certifications and credentials for advanced training and practice to support the evolving landscape of pharmacy practice, where pharmacists are taking on more advanced and specialty roles in patient care. The FIP Council agreed to build on existing FIP initiatives, gather global case studies, and develop a consensus-driven approach for implementing credentialing and professional recognition systems.

This white paper will serve as a set of principles for the FIP Council to consider alongside developing resources for FIP Member Organisations, regulators, educational institutions, healthcare funders, and practitioners to support the establishment, enhancement, harmonisation and use of credentialing systems worldwide.

Introduction

The growing global demand for advanced pharmacy services

The role of pharmacists is expanding in response to global healthcare challenges, ageing populations, rising chronic disease burdens, and increasing complexity of medication therapies and other technologies used in patient care. Many countries have established systems to recognise pharmacists for advanced contributions to patient-centred care, medication safety, and public health initiatives. This shift has created a growing demand for pharmacists to take on more advanced roles, requiring structured systems to assess and validate professional capabilities. Expansion of pharmacist roles requires not only advanced knowledge, but explicit recognition and authority for defined clinical activities, documented decision responsibilities, and measurable service outcomes.

Pharmacy practice is evolving rapidly worldwide, with new competencies emerging in areas such as digital health, expanded prescribing rights, and interprofessional collaboration. The implementation of these advancements varies across countries, leading to significant differences in how pharmacists are credentialed and recognised. At the same time, pharmacists are taking on expanded roles in clinical care, pharmaceutical science, education, policy development, advocacy, and regulatory affairs, further emphasising the need for standardised credentialing frameworks. These frameworks not only support workforce mobility and career progression but also serve as a key mechanism for professional quality assurance—validating and recognising pharmacists' capabilities, ensuring patient safety, and fostering public confidence in the profession.

Nationally determined professional recognition ensures quality and consistency in the delivery of these advanced pharmacy services, providing assurance to patients, employers, payers, and regulators that pharmacists have demonstrated the necessary expertise to practice at higher levels. As the expectations for pharmacists continue to evolve, credentialing frameworks help establish clear pathways for professional development, specialisation, and lifelong learning.

Credentialing and professional recognition systems play a critical role in supporting the advancing levels of post-registration capabilities, ensuring patient safety, and strengthening the credibility and visibility of pharmacists within the healthcare team. These systems support a structured continuum of professional development, recognising key milestones using terminology such as foundation, generalist, enhanced, specialist, and advanced levels of practice.

Credentialing enables employers, commissioners of services and other healthcare professionals to formally recognise advancing levels of the post-registration capabilities and qualifications of pharmacists, validating specialised expertise and fostering trust in the high standards of complex care delivery for patients. By adopting a structured approach to professional development, credentialing supports clear career progression pathways, workforce mobility, and lifelong learning, ensuring pharmacists remain responsive to evolving healthcare needs.

Identifying global variability in professional recognition and credentialing

While credentialing is recognised as a valuable tool for the quality assurance of individuals as they advance and specialise, there is significant variability in the standards, processes and terminology used globally, which can often lead to confusion and inconsistencies in how more advanced, complex and specialist practice are recognised. This variability stems from differences in healthcare system needs, regulatory frameworks, workforce policies, and the level of professional autonomy granted to pharmacists in nation. Examples include well-established board certification systems that mandate formal credentialing for pharmacists to practice in specialised roles, to informal recognition mechanisms or employer-led credentialing processes. Additionally, the terminology used—such as “credentialing”, “certification”, and “specialisation”—can vary across regions, potentially leading to confusion both within and outside the profession.

A shared understanding and standardised terminology for credentialing and professional recognition is useful to minimise variations and increase understanding and applicability. FIP’s tools and frameworks, together with the FIP Global Glossary for pharmacy education and workforce terminology, provide an essential foundation, ensuring that terms like credentialing, certification, accreditation, and specialisation are used consistently across jurisdictions (see preliminary glossary below). Establishing common definitions will support global collaboration and identify common credentialing frameworks across different pharmacy systems.

Credentialing and public health assurance

Beyond its benefits for individual pharmacists, credentialing can support standards for patient care by providing assurance of a pharmacist’s competence in a specialised area of practice, assessing experience and expertise. It can foster trust in pharmacists’ ability to deliver high-quality services and contributes to improved patient outcomes. In healthcare systems where pharmacists play expanding roles in medication therapy management, care of patients with chronic disease, and preventive health, credentialing serves as a key mechanism to ensure public safety and reinforce the profession’s value across health care.

Regulators, professional bodies, employers, policymakers and funders of healthcare use credentialing frameworks to validate pharmacist capabilities, ensuring that professionals meet the standards required for safe and effective practice.

Establishing a shared understanding of credentialing as a structured and progressive continuum, and not just a leap from registration to advanced practice, is essential. By addressing inconsistencies and strengthening credentialing systems, pharmacy can continue to evolve as a trusted, patient-centred profession worldwide.

Advanced vs. specialised practice

There is an increasing need for a shared understanding of the difference between “advanced” and “specialised” practice. Advanced practice refers to higher levels of professional capability and competence based on experience and expertise, which may be broadly applicable across multiple areas of pharmacy, such as clinical leadership, medicines management, or patient-centred care.

Specialised practice, on the other hand, typically refers to expertise in a specific disease state, treatment area, patient population, healthcare setting, or professional domain, such as oncology pharmacy, primary care pharmacy, pharmacogenomics, geriatrics or health policy.

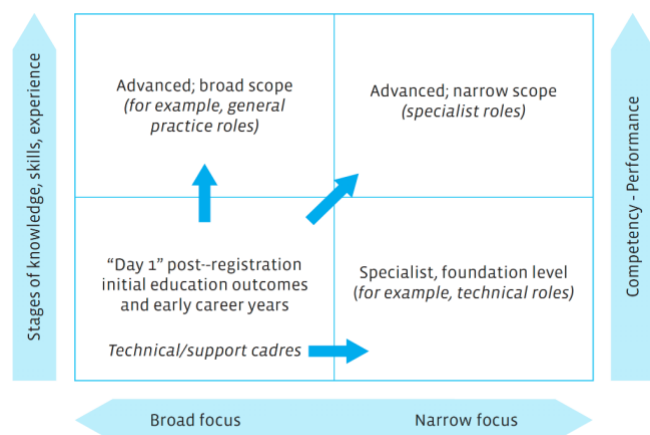


Figure 1: Scope of contemporary pharmacy practice: Roles, responsibilities and functions of pharmacists and pharmacy technicians. Adapted from Albanese and Rouse.⁴

Importantly, advancement in pharmacy practice is not limited to clinical roles and clinical (eg: hospital) settings. Many pharmacists develop expertise in non-clinical roles, such as law and ethics, regulatory sciences, education, health policy and advocacy, and drug discovery and manufacturing, all of which contribute to the broader pharmacy profession. A well-structured credentialing system should recognise this diversity and support the advancement of pharmacists in all areas of practice.

Bridging a gap between initial education and practice

A well-designed credentialing system can also help align pharmacy education with real-world practice expectations. Credentialing serves as a bridge between initial education and professional practice by translating educational outcomes into demonstrated and validated professional competencies. It helps ensure that the knowledge, skills, and behaviours developed during pharmacy education are aligned with the realities of healthcare delivery, patient needs, and evolving workforce expectations.

Pharmacy students and early-career professionals often enter the workforce with expectations that differ from practice realities. Integrating credentialing frameworks into post-registration professional development pathways, can create clear links between continuing education, workplace expectations, and career progression.

Aligning post-registration training and development with recognised standards helps maintain the quality and consistency of professional education, ensuring alignment with national legislative frameworks and associated education policies.^{5,6} Credentialing also functions as a formal assessment of competence, increasing certainty for stakeholders about pharmacists' capabilities.

FIP tools for advancing workforce development across education, practice, and science

Over years, FIP has recognised the importance of demonstrating practitioner competence and has provided extensive guidance on professional development and advancement. This White Paper aligns with FIP's global competency frameworks, education policies, and workforce development strategies, reinforcing its commitment to supporting career progression and ensuring high standards across the profession. In particular, it advances FIP's Development Goals (DGs), particularly DG 4 (Advanced and specialist development).⁷

A key resource in this area is the FIP Global Advanced Development Framework (GADF)—a validated tool designed to support the professional development and recognition of the general pharmaceutical workforce everywhere. The GADF provides a structured approach to identifying key areas of professional development and workforce advancement, enabling pharmacists and pharmaceutical scientists to navigate their careers systematically. Designed for adoption and adaptation across all pharmaceutical sectors, practice areas and fields, the GADF is a versatile framework for pharmacists and pharmaceutical scientists at various stages of their careers. Its flexibility supports alignment with national qualifications frameworks, regulatory and educational systems, workforce needs, and local healthcare priorities, while enabling comparability and progression across professional roles and career stages.³

In addition to the GADF, FIP has developed several other frameworks designed to support the advancement of the workforce across all fields of practice, education and pharmaceutical sciences, providing a comprehensive approach to professional development. These frameworks also support evolving approaches to workforce development, including modular and competency-based learning pathways such as micro-credentialing and include:

- [The FIP Global Competency Framework for Educators & Trainers in Pharmacy \(FIP-GCFE\) 2022](#)
- [FIP Global Competency Framework \(GbCFv2\) 2022 handbook, Version 2](#)
- [FIP Global Advanced Development Framework \(GADF\) 2020, Version 1.0.](#)
- [Quality Assurance of Pharmacy Education: the FIP Global Framework 2nd Edition 2014](#)
- [FIP Statement of Policy on Quality Assurance of Pharmacy and Pharmaceutical Sciences Education](#)
- [FIP Statement of Policy on Continuing Professional Development](#)
- [FIP statement of policy on interprofessional collaborative practice](#)
- [FIP Development Goals: DG4 – Advanced and specialist development](#)
- [FIP Seal for quality professional development programmes](#)

Aims and scope

The white paper aims to:

1. Identify the key elements of credentialing and professional recognition necessary to ensure relevance to a global audience, and that they are informative, and serve as a practical guide.
2. Examine current credentialing and professional recognition systems across different countries and regions and how these systems support advancing pharmacist contributions to patient care, professional roles and responsibilities, and the delivery of quality healthcare services.
3. Establish a set of global principles for post-licensure and post-registration recognition (including certifications and credentialing) that ensure consistency, quality, and relevance to advancing pharmacy practice.
4. Identify and recommend tools, frameworks, and resources that support effective professional recognition and advancement processes, and
5. Provide evidence-based recommendations for credentialing practitioners, pharmacy organisations, and healthcare authorities, guiding the development of impactful programmes that advance individual practitioners and pharmacy practice as a discipline.

Methodology

The development of this white paper followed a structured, consensus-driven approach to ensure its relevance and applicability across diverse healthcare and regulatory contexts and to address the stated aims of the work as mandated by FIP Council.

The methodology included the following steps:

- **Formation of a taskforce** – a dedicated FIP Credentialing and Professional Recognition Taskforce was established by the then FIP Bureau, now the FIP Board to oversee the development of this white paper against stated aims. The taskforce included representatives from FIP's global networks, regulatory bodies, credentialing experts, and professional organisations.
- **Review of existing FIP resources** – an analysis of FIP reports, frameworks, policies, and global competency documents was conducted, alongside a review of relevant literature on credentialing, certification, and professional recognition in pharmacy. This provided the evidence base for the White Paper.
- **Stakeholder consultation** – a consultation was undertaken to ensure diverse perspectives were captured across regions with different credentialing and professional recognition systems.
- **Case study collection and analysis** – to contextualise global variation, a series of country case studies were collected to highlight examples of credentialing and professional recognition systems in practice, and to illustrate different governance models, implementation pathways, and impact on workforce development.
- **Consensus development** – a consensus-driven approach was adopted to ensure alignment of outcomes of this work with FIP's vision for workforce development, quality assurance

and professional advancement, and to develop a set of global principles and recommendations.

Review of credentialing practices across countries

A total of twelve country case studies were collected and reviewed from the following countries: Australia, Canada, Egypt, Indonesia, Malaysia, Philippines, Qatar, Spain, China-Taiwan, Ukraine, the UK, and the USA. These case studies are summarised in the comparative tables below (Table 1). They represent a diverse range of healthcare systems and regulatory environments and provide valuable insights into current practices in pharmacist credentialing and professional recognition.

While these case studies offer important perspectives from different regions and practice settings, they do not represent the totality of credentialing and professional recognition systems globally, nor the full range of approaches currently in use. Rather, they serve as a starting point for international dialogue, shared learning, and the identification of common principles and considerations. Future work can build on these findings through additional case studies, broader geographical representation, and updates that reflect the evolving nature of credentialing and professional recognition systems worldwide.

The comparative tables are intended for illustrative purposes to highlight the diversity of national approaches to credentialing and professional recognition. They are not intended to represent a comprehensive or fully standardised comparison, as systems, terminology, structures, and interpretations may vary across countries and jurisdictions.

Each case study followed a structured format and addressed key areas, including:

- Historical context and evolution of credentialing and recognition
- Definitions and terminology used for credentialing and professional recognition
- Types of credentials or titles awarded (e.g., specialist, consultant, fellow)
- Responsible bodies and governance mechanisms
- Credentialing processes and frameworks
- Key enablers and implementation challenges
- Funding models and sustainability measures
- Impact and success stories
- Guiding principles and system quality criteria
- Recommendations for system development or reform

The analysis of these case studies supports the development of globally relevant recommendations and highlights opportunities for mutual learning and system strengthening across contexts.

Case studies comparative tables

Table 1, part 1. Illustrative overview of selected national case studies on credentialing and professional recognition systems

Ref	Country	Professional association(s) submitting the case study	Credentialing system exists? (Yes, No)	Credentialing system (notes)	Types of credentials recognised	Professional recognition system exists? (Yes, No)	Professional recognition system details/national coverage
1.	Australia	Australian Pharmacy Council (APC), Australian Health Practitioner Regulation Agency (Ahpra)	Yes	Via accreditation standards, profession-led pathways, evolving frameworks.	Aged Care On-site pharmacist Pharmacist Prescriber Advancing and Advanced Practitioner Vaccination Pharmacist Medication Management Review Pharmacist	Yes	Australian Pharmacy Council, Advanced Pharmacy Australia (AdPha)
2.	Canada	Ontario College of Pharmacists, Canadian Council on Continuing Education in Pharmacy	No	No national system; provincial regulation with residency & injection credentials.	Accredited Canadian Pharmacy Residency (ACPR) (hospital residency), Canadian Society of Healthcare-Systems Pharmacy Fellowship (FCSHP), provincial injection authority.	Yes	For injection authority - provincial pharmacy regulators For residency and fellowship credentials - ACPR and FCSHP
3.	Egypt	Egyptian Organization of Pharmacy (EOP)	Yes	Ministry of Health and Population (MOHP), Egyptian Health Council (EHC), Egyptian drug authority. Over 35 specialties.	Over 35 specialties.	Yes	EOP
4.	Indonesia	Indonesian Pharmacists Association (IAI)	Yes	Government-led post-2023	Competency certificate: Radio-nuclear pharmacy specialisation	No	Indonesian Pharmacists Association (IAI)
5.	Malaysia	Pharmaceutical Services Programme, Ministry of Health Malaysia	Yes	Yes (established national credentialing system since 2014; expanded 2022–2024)	Advanced Practice Pharmacist in 19 specialisations (Tier 1): 1. Antimicrobial stewardship ^{1,2} 2. Cardiology pharmacy ² 3. Clinical pharmacokinetics ² 4. Diabetes Medication Therapy Adherence Clinic (MTAC) ^{1,2} 5. Emergency pharmacy 6. Geriatric pharmacy 7. Haemophilia Medication Therapy Adherence Clinic (MTAC) ² 8. Nephrology pharmacy ²	Yes	Pharmaceutical Services Programme, Ministry of Health Malaysia

Ref	Country	Professional association(s) submitting the case study	Credentialing system exists? (Yes, No)	Credentialing system (notes)	Types of credentials recognised	Professional recognition system exists? (Yes, No)	Professional recognition system details/national coverage
					9. Nuclear pharmacy ^{1,2} 10. Nutritional parenteral ^{1,2} 11. Oncology pharmacy ^{1,2} 12. Pain management 13. Psychiatric pharmacy 14. Respiratory pharmacy ² 15. Retroviral disease pharmacy ² 16. Ward pharmacy (critical care) ² 17. Ward pharmacy (general medicine) 18. Ward pharmacy (paediatric) ² 19. Warfarin Medication Therapy Adherence Clinic (MTAC) ² ¹ Expanded to practising pharmacist in the non-Ministry of Health Malaysia and private sector. ² Pharmacist advanced clinical training (Tier 2 and 3) via the Malaysia Advanced Clinical Pharmacy Programme (MyACPP).		
6.	Philippines	University of the Philippines	Yes	Professional Regulation Commission (PRC)-led Career Progression and Specialisation Programme and Credit Accumulation and Transfer System (CPSP-CATS)	Certified Immunising Pharmacist, Advanced Practice (in development)	Yes	University of the Philippines
7.	Qatar	No professional body	No	No formal credentialing system (licensure-based only).		No	No professional body
8.	Spain	General Pharmaceutical Council of Spain	Yes	National pharmacy residency for specialisation (Farmacéutico Interno Residente (FIR)) • Hospital pharmacy • Clinical analysis • Clinical biochemistry • Microbiology and parasitology	As part of pharmacy specialties: • Hospital pharmacy • Clinical analysis • Clinical biochemistry • Microbiology and parasitology	Yes	Ministry of Health of Spain

Ref	Country	Professional association(s) submitting the case study	Credentialing system exists? (Yes, No)	Credentialing system (notes)	Types of credentials recognised	Professional recognition system exists? (Yes, No)	Professional recognition system details/national coverage
				- Immunology - Radiopharmacy	- Immunology - Radiopharmacy		
9.	China-Taiwan	Taiwan Society of Health System Pharmacists	Yes	Society-led certification system, not government led.	Critical care specialist; 6 other specialists under development.	Yes	Taiwan Society of Health System Pharmacists
10.	Ukraine	All-Ukrainian Pharmaceutical Chamber	No		Levels of professional qualification (titles under development).	Yes	All-Ukrainian Pharmaceutical Chamber
11.	UK	Royal College of Pharmacy – previously known as Royal Pharmaceutical Society (RPS)- (represents GB), The Pharmacists' Defence Association (PDA) (represents UK)	Yes	Independent Prescriber- this is regulator driven not professional body driven. Royal College of Pharmacy-led credentialing for post-registration advancement	Portfolio-based assessment system validity: 1. Post-registration Foundation Practice (to be renamed 'Enhanced' from 2026), 2. Core Advanced, Consultant Pharmacist, 3. Independent Prescriber	Yes	Royal College of Pharmacy
12.	USA	American Pharmacists Association (APhA), American Society of Health-System Pharmacists (ASHP), Board of Pharmacy Specialties (BPS)	No	National system, state-level regulation.	Board Certification (BPS), Advanced Practice Pharmacist (APP), Pharmacist Clinician (PC), Clinical Pharmacist Practitioner (CPP), Fellowship.	Yes	American Association of Psychiatric Pharmacists (AAPP), American College of Clinical Pharmacy (ACCP), APhA, American Society of Consultant Pharmacists (ASCP), ASHP, American Society for Parenteral and Enteral Nutrition (ASPEN), Haematology and Oncology Pharmacy Association (HOPA), Paediatric Pharmacy Association (PPA), BPS – as an autonomous division of APhA.

Table 1, part 2. Illustrative overview of selected national case studies on credentialing and professional recognition systems

Ref	Country	Professional association(s) submitting the case study	Guiding principles & criteria	Responsible bodies for PR	Key enablers	Examples of success	Key challenges
1.	Australia	APC, Ahpra	National consistency, regulator-aligned, purpose-driven, government-mandated consultation, national portability, competency-based.	APC, AdPha.	Strong professional leadership, national collaboration, clear pathways, role definition, system-wide buy-in.	High uptake of AdPha recognition credentialing by The Australian and New Zealand College of Advanced Pharmacy (ANZCAP), such as Medication Management Review (MMR) and Aged Care Onsite Pharmacist (ACOP funded programmes) – both accredited by APC; role expansion in hospitals and aged care.	No national regulation of scope, inconsistent recognition across jurisdictions, funding and uptake barriers.
2.	Canada	Ontario College of Pharmacists; Canadian Council on Continuing Education in Pharmacy	Competency-based development, evidence-based credentialing, portability, interprofessional collaboration, system-wide credibility.	Canadian Society of Healthcare-Systems Pharmacy (CSHP), Provincial Regulatory Authorities, Canadian Council on Continuing Education in Pharmacy (CCCEP) (for CE accreditation).	CSHP residency standards, ACPR, credential portability, interprofessional trust, integration into PharmD curricula.		Provincial jurisdiction variation, limited residency capacity, variable employer recognition, resource/funding constraints.
3.	Egypt	EOP	Aligns with FIP competency-based frameworks and principles such as transparency, legal clarity, CPD requirements, professional accountability.	MOHP, EHC, universities, syndicate.	Stakeholder engagement, international partnerships, legal support.		Fragmented governance, funding inequities, title protection gaps.
4.	Indonesia	IAI	Equity, multi-stakeholder engagement, government alignment, FIP best practices, shared accountability.	Ministry of Health (post-2023)	Multi-stakeholder collaboration (including Ministries, academic institutions), FIP support, IAI leadership.	Radio-nuclear pharmacy specialisation, with the first cohort of graduates expected in 2028. Selection of 35 IAI members as Fellows of the Federation of	Transition to government control, fragmented HR levels (between private vs public), funding uncertainty.

Ref	Country	Professional association(s) submitting the case study	Guiding principles & criteria	Responsible bodies for PR	Key enablers	Examples of success	Key challenges
						Asian Pharmaceutical Associations (FAPA).	
5.	Malaysia	Pharmaceutical Services Programme, Ministry of Health Malaysia	Competency-based assessment, transparency and accountability, continuing professional development, recognition and portability, workforce sustainability.	Pharmacy Board Malaysia, Pharmacy Practice and Development Division	Anchoring in national policy, specific credentialing strategy is embedded within the Malaysian National Medicines Policy (DUNas), dedicated committees and task forces, structured training framework, national expansion, cross-sector collaboration, buy-in from both public and private stakeholders, CPD alignment, competency-based training and assessment and framework.	MyACPP	Lack of legal regulation, inconsistency across sectors, reliance on institutional recognition.
6.	Philippines	University of the Philippines	Competence, transparency, accountability, continuing professional development, portability and alignment.	Professional Regulatory Board of Pharmacy.	Enactment of pharmacy act, pandemic mobilisation, regulatory support.	Credentialing of pharmacist vaccinators in the Philippines expanded pharmacists' roles as frontline immunisers, improved vaccine access in communities, strengthened public health delivery, and enhanced professional recognition and career satisfaction.	Implementing early developmental stage of the national framework, lack of specialists, database, stakeholder awareness and buy-in.
7.	Qatar	No professional body					No professional body, lack of cross-sector alignment, absence of formal frameworks.
8.	Spain	General Pharmaceutical Council of Spain	Clinical integration, patient-centred care, rational medicine use, public system efficiency, formal specialisation. Board Certification	Ministry of health/regional ministries of health	Leadership, alliances, value for pharmacy practice, integration into health		Digitalisation, emerging players, ageing population pressure.

Ref	Country	Professional association(s) submitting the case study	Guiding principles & criteria	Responsible bodies for PR	Key enablers	Examples of success	Key challenges
			(BPS) informally used for credentialing subspecialties.		systems, recognition of advanced practice.		
9.	China-Taiwan	Taiwan Society of Health System Pharmacists	Professional society-led committees and certification panels; no single national credentialing body. Fair process, renewal mechanism, practice relevance.		China-Taiwan	Taiwan Society of Health System Pharmacists	Professional society-led committees and certification panels; no single national credentialing body. Fair process, renewal mechanism, practice relevance.
10.	Ukraine	All-Ukrainian Pharmaceutical Chamber	Duration of professional experience and the completion of the required number of continuing professional development activities.	Employer commissions, regional State Services.	Flexible new structure, employer-driven recognition.		War-related disruption, economic constraints, lack of incentives.
11.	UK	Royal College of Pharmacy, PDA	Reliability: Outcomes must be consistent and reproducible. Fairness: Equitable access to credentialing regardless of background. Transparency: Clear processes, criteria, and decision-making. Cost-effectiveness: Sustainable for candidates and the system. Collaboration: Co-produced standards with professionals and system partners. Portability: Credentials must be nationally recognised and transferable. Independence and impartiality:	Royal College of Pharmacy (Great Britain only)	NHS collaboration, national curricula alignment, co-production, educational commissioning support, workforce integration, sustainable funding, career-linked incentive, employer support tools, cross-sector accessibility, digital platform investment, impact evaluation & visibility, global alignment & mobility.	Individual professional growth, patient-centred and safe care, system-level and organisational value.	Low incentives, limited mentorship and supervision, non-clinical domain challenges, time/resource constraints, employer awareness.

Ref	Country	Professional association(s) submitting the case study	Guiding principles & criteria	Responsible bodies for PR	Key enablers	Examples of success	Key challenges
			Assurance of credibility and objectivity. Multiprofessional alignment: Frameworks align with other regulated professions and NHS workforce plans. Public interest and safety: Processes must protect patients and support safe, effective care.				
12.	USA	APhA, ASHP, BPS	Competency-based advancement, voluntary participation, alignment with health system goals, outcome-oriented, financially sustainable.	BPS, APhA, ASHP, others	Federal employer buy-in, Department of Veterans Affairs (VA), and Department of Defence (DoD), integration with residency training, partnerships among certification bodies.	Professional recognition and credentialing have served as powerful tools to advance practice, promote workforce satisfaction, and support long-term career development. The VA and DoD prioritise board-certified pharmacists for clinical roles, integrating credentials into privileging processes and career advancement structures.	Lack of centralised system, reimbursement issues, cost of certification and recertification activities, inconsistent integration of credentials into career advancement structures, lack of awareness of PR/CR systems.

Table 1, part 3. Illustrative overview of selected national case studies on credentialing and professional recognition systems

Ref	Country	Professional association(s) submitting the case study	Funding model	Sustainability measures	Terminology used (Advanced practice / Specialisation)	Impact or success stories	Recommendations
1.	Australia	APC, Ahpra	Self-funded or employer-supported, some roles are government funded.	Credentialing linked to workforce policy and employer need, work underway to align with regulation.	Credentialed Pharmacist (HMR, ACOP), Advanced Pharmacy Practice Pharmacist, Consultant	High uptake of AdPha credentialing, MMR and ACOP programmes; role expansion in hospitals and aged care.	Agree on national advanced practice framework, link to career progression, secure funder/government buy-in, determine regulatory

Ref	Country	Professional association(s) submitting the case study	Funding model	Sustainability measures	Terminology used (Advanced practice / Specialisation)	Impact or success stories	Recommendations
					Pharmacist, Registrar Pharmacist.		boundaries, collaborate across sectors.
2.	Canada	Ontario College of Pharmacists; Canadian Council on Continuing Education in Pharmacy	Residency funded by health authorities/hospitals; Quebec integrates with Masters programme tuition.	Nationally standardised residency accreditation, embedding competencies in PharmD programmes, facilitating labour mobility.	No formal national definition; unofficial recognition of BPS credentials.	ACPR credential standardises clinical pharmacy competence; facilitates interprovincial mobility; residency-trained pharmacists take leadership roles; Fellowship recognises sustained excellence.	Expand residency capacity, harmonise provincial recognition, incentivise employers, link credentials to pay & advancement.
3.	Egypt	EOP	Self-funded, institutional, MOHP subsidies.	Link to job grades, create central registry, legal protection of titles.	Although not regulated, commonly used titles include Specialist Pharmacist, Consultant Pharmacist.	Advanced roles in oncology, nuclear, pharmacoeconomics; career advancement.	Create national authority, legally protect titles, link to pay scales, fund underserved pharmacists, central registry.
4.	Indonesia	IAI	Ministry of Health pooled funding for health professions.	Advocacy for dedicated pharmacy budget, alignment with national HR frameworks.	Advanced pharmacist (on hold), specialisation under discussion.	Established CPD culture, radio-nuclear pharmacy specialty, FAPA fellowships.	Reinstate multi-sectoral task force; harmonise HR levels; empower professionals to play an active role in governance, system design, and peer-review processes; benchmarking national credentialing frameworks against FIP global frameworks and other international best practices.
5.	Malaysia	Pharmaceutical Services Programme, Ministry of Health Malaysia Malaysian Pharmacists Society (MPS) LFM, PSP	MoH funds public sector; employer/university funding in private sector. Self-funded in private sector	Expand access, foster academic partnerships, build digital infrastructure. Guidelines on Credentialing of Pharmacy Practice for Registered Pharmacists	Advanced Practice Pharmacist (formally recognised); MyACPP provides a structured national framework that defines the competencies, training pathways, and assessment criteria for advanced practice.	Improved confidence, clearer advancement paths, stronger interprofessional collaboration. PPP such as CSCSP, DMTAS, Pharmacovigilance to expand the reach of credentialing (more modules will be	Secure sustainable funding, extend recognition across sectors, promote national and institutional buy-in.

Ref	Country	Professional association(s) submitting the case study	Funding model	Sustainability measures	Terminology used (Advanced practice / Specialisation)	Impact or success stories	Recommendations
					A steering committee to coordinate the governance of credentialing in pharmacy practice for pharmacists in Malaysia was established - <i>Jawatankuasa Induk Credentialing Amalan Farmasi (JICAF)</i>. Credentialing of pharmacists in Malaysia covers the Pharmaceutical Care, Community & Industry and Regulatory & Enforcement sectors.	submitted as they are confirmed)	
6.	Philippines	University of the Philippines	Government funded PRC	Integration in pharmacy curriculum, specialty society support.	Advanced Practice (emerging), Specialisation (under CPSP).	Expanded vaccinator role, primary care integration.	Institutionalise system, build specialist pipeline, align with Association of Southeast Asian Nations (ASEAN)/FIP, digital infrastructure.
7.	Qatar	No professional body	Not yet defined; sustainability requires future planning.		No formal terminology		Establish professional body, engage stakeholders, assess national needs.
8.	Spain	General Pharmaceutical Council of Spain	Public funding via tax-based system.	Promotion of rational medicine use, deprescribing, public health integration.	Specialist Pharmacist, Consultant (hospital).	Hospital pharmacists integrated into clinical care teams.	Recognise sub-specialties, expand roles, adapt to digital health and AI, maintain accessibility.
9.	China-Taiwan	Taiwan Society of Health System Pharmacists	Professional societies supported and non-governmental funded.	Taiwan Society of Health System Pharmacists; Indirectly supported through hospital/ national health insurance service incentives.	Specialist pharmacist (board certified)	Initiated in critical care, followed by oncology, infectious diseases...etc.	Link credentialing to NHI reimbursement, Grant expanded scope of practice and special privileges, Secure national statutory recognition

Ref	Country	Professional association(s) submitting the case study	Funding model	Sustainability measures	Terminology used (Advanced practice / Specialisation)	Impact or success stories	Recommendations
10.	Ukraine	All-Ukrainian Pharmaceutical Chamber	Employer-supported or self-funded.	Post-martial law restoration plan.	Senior Pharmacist, Specialist Pharmacist (post-internship).	System not yet operational due to martial law.	Await post-war stability, align qualification nationally, incentivise career progression post-conflict.
11.	UK	Royal College of Pharmacy, PDA	Assessment fees (candidate/employer/NHS), infrastructure supported by Royal College of Pharmacy, model aims for long-term sustainability.	Create a self-sustaining model -national integration of post-graduation assurance mechanisms, upfront investment required, professional engagement.	Post-registration Foundation, Advanced Practice, Consultant Pharmacist, Independent Prescriber (formally defined).	Credentialing supports workforce development, interprofessional trust, patient safety, and professional cohesion.	Engage and co-produce frameworks, invest in educational expertise, communicate value clearly, keep systems simple.
12.	USA	APhA, ASHP, BPS	Self-funded, some employer and federal support.	Tied to privileging, career ladders, value-based reimbursement, broader stakeholder reform.	APP, Clinical Pharmacist, Board Certified.	VA/DoD integration, expanded scope (e.g., prescribing), career progression.	Align with national health priorities, integrate into career pathways (privileging, compensation, advancement), enhance payer & employer recognition, reduce access barriers, foster multi-stakeholder collaboration, implement data & outcome evaluation.

FIP's guiding principles for credentialing and professional recognition

The guiding principles outlined have been informed by best practices and from global credentialing and professional recognition models, systems and resources. These provide a global framework for transnational professional recognition across all settings of practice, advanced practice and regulation, strategies for professional recognition, and global agreement on terminology and definitions.

Credentialing programmes should include:

1. **A clearly defined purpose** – articulating the intent, scope and expected outcomes of the credentialing system, including responsiveness to evolving healthcare priorities and future workforce needs.
2. **A transparent development process** – involving co-design and collaboration with key stakeholders such as professional leadership, regulatory bodies, educators, or practitioners.
3. **Strong governance and operational principles** – ensuring accountability, fairness, inclusivity, transparency, and the portability and transferability of credentials across contexts.
4. **Adequate structures and resources** – supported by sustainable financial and human resources, and designed to ensure continuity, resilience, and long-term impact of the credentialing system.
5. **Clear responsibilities to stakeholders** – specifying the roles and accountabilities of all parties involved in the design, delivery, assessment, and maintenance of the credential including candidates, certificants, the public, and programme participants, with transparency and accountability at every stage.
6. **Well-defined credentials** (e.g., postnominals) – encompassing the assessment instruments, processes, or schemes used, aligned with defined scopes of practice, professional responsibilities, and real-world performance expectations, along with provisions for maintenance, renewal, and currency of credentials.
7. **A quality assurance framework** – ensuring continuous improvement, validity, consistency, evidence-informed development, and alignment of credentialing processes and outcomes with professional practice standards and patient care outcomes, and
8. **A proportionate or “right-touch” regulatory approach** – ensuring that oversight supports public safety and professional standards without creating unnecessary barriers (see definition in Glossary).

Enablers for credentialing and professional recognition

These enablers inform or operationalise the above principles.

- The vision is “One Health for All.”
- Leadership is provided by FIP as the global body working with and representing pharmacy professional organisations.
- Alignment with FIP Development Goals.
- Use of developmental frameworks for practice advancement including an adopt/adapt approach using globally recognised tools.
- Clear recognition pathways and benefits.
- Clearly defined value proposition to ensure sustainability.

Operational elements:

- Defined renewal systems and processes to retain credentials.
- Valid, reliable assessment instruments and processes.
- Leveraging technology in credentialing.
- Defined stakeholder involvement and responsibilities.
- Processes for appeals, complaints, and quality assurance.

Against this background, FIP calls for the following actions

These recommendations are intended to guide key stakeholders who are involved in the design, implementation, use, and oversight of the credentialing of pharmacists and professional recognition systems. Stakeholders include:

- National and regional regulatory authorities
- Professional pharmacy organisations
- Accrediting and credentialing bodies
- Educational and training providers
- Health ministries and policymakers
- Employers and workforce planners
- Payers and funders of healthcare services
- Pharmacists.

The recommendations aim to support these stakeholders in developing credible, flexible, and sustainable systems that recognise advanced and specialty pharmacy practice, enhance public safety, and contribute to strengthened healthcare systems globally.

Global alignment, standards and consistency

1. Align with FIP global competency models to provide adaptable structures to national or regional standards.
2. Promote the use of shared terminology via the FIP Global Glossary to support international recognition and consistency. Where applicable, advocate for standardised definitions for specialist titles to enhance clarity and credibility.
3. Encourage cross-border recognition of credentials to support workforce mobility where any specific agreements may be in place that recognise existing regulatory and legal requirements.
4. Adopt or adapt FIP's global principles, terminology and practical frameworks for credentialing and professional recognition that support consistency, quality, and relevance to advanced pharmacy practice. Countries are encouraged to consider the FIP guiding principles, which address:
 - Purpose
 - Governance, structures, and sustainable resources
 - Stakeholder involvement and responsibilities
 - Credentialing processes and currency
 - Quality assurance
 - A proportionate, "right-touch" regulatory approach.
5. Recognise both voluntary and formalised systems as valid models that can allow flexibility for different national or professional contexts.

Governance, frameworks and accreditation

1. Develop a flexible credentialing framework that can be tailored to different healthcare systems while maintaining core principles set out in the white paper.
2. Ensure frameworks support both government-led and profession-led models with clear governance pathways.
3. Implement scalable accreditation models that enable national bodies to adapt global principles to local contexts.
4. Ensure models are sufficiently flexible to allow both regulatory authorities and professional organisations to act as accreditors, depending on the country's governance or regulatory structure.
5. Promote stakeholder collaboration by fostering partnerships among pharmacy professional organisations, regulatory bodies, educational institutions, employers, and practitioners to create a unified approach to credentialing that addresses regional needs while contributing to global standards, and
6. Build mentorship and assessment capacity, particularly for advanced-level evaluations, to ensure credibility and fairness of credentialing systems.

Quality assurance, monitoring and sustainability

1. Ensure continuous quality improvement by strengthening monitoring and evaluation mechanisms to assess the relevance, effectiveness, and quality of credentialing systems, incorporating stakeholder feedback, impact assessment, and return on investment analysis.
2. Develop evaluation frameworks to measure the impact of credentialing on pharmacy practice, patient outcomes, and health system performance, ensuring these systems evolve to meet changing healthcare needs.
3. Encourage pilot programmes and regional adaptations to refine credentialing models and inform scale-up and sustainability, and
4. Ensure sustainable funding mechanisms through government support (including financial support), employer buy-in, or other long-term models that support pharmacist-provided patient care.

Workforce, policy and professional recognition

1. Emphasise credentialing as a strategic tool for workforce development, public safety, and healthcare system strengthening. It should be positioned within national workforce strategies and health policy planning, including explicit integration into HR policies to maximise impact and sustainability.
2. Promote recognition of credentials by peers and other healthcare professionals to strengthen collaboration, mutual respect, and trust within the healthcare workforce, and
3. Strengthen links between credentialing and tangible personal and professional benefits, advocating that attainment of credentials is associated with recognition in job roles, scope of practice, service delivery responsibilities, career advancement, professional decision-making, promotion, and remuneration.

Digital tools and infrastructure

1. Invest in digital infrastructure to enhance efficiency and transparency in credentialing processes, including applications, portfolio management, data analytics, verification systems, and practice-based performance monitoring where appropriate.

Glossary

Term	Description
Area of expert professional practice	The specific field or subject in which an individual proves to have acquired the knowledge, skills and experiences to be acknowledged as an expert. ⁸
Area of speciality practice	Area of expert professional practice. ³
Advanced practitioner	An advanced practitioner is one who demonstrates expert professional practice through advanced knowledge, skills, and behaviours beyond initial competency. Their practice may be broad or narrow, and they operate with increasing levels of autonomy, leadership, and impact as they progress through defined stages of advancement. The following stages are illustrative examples adapted from the FIP Global Advanced Development Framework (GADF):³ • Advanced Stage 1: Performs well and is at the early stages of advanced practice development. • Advanced Stage 2: Recognised expert in their area of practice; manages complex situations and leads at a local/regional level. • Advanced Stage 3: National or international leader in their area of expertise; contributes to system-level or policy change.
Advanced specialist	The advanced specialist pharmacist practices to a high level of capability across six domains of advanced practice aligned with FIP's advanced stages 2 and 3 in the specialist area of practice. The six domains of advanced practice are defined as follows: Expert professional practice; Working with others; Leadership; Management; Education, training and development; and Research and evaluation.³
Certification	A voluntary, nongovernmental process by which an individual is determined by a certification body (an independent third party that handles a certification process) to have met the requirements of a certification programme. Such an individual may be identified to the public and other stakeholders as a certificate. Some regulatory bodies use voluntary certification programmes to meet licensure or registration requirements. Certification is a process by which an entity grants formal recognition to individuals that meet predetermined, standardised criteria. The certification process involves determination of eligibility, an assessment of competence, and requirements for regular recertification. Certification is usually voluntary and established by a non-governmental entity.⁹
CPD (continuing professional development)	The responsibility of individual pharmacists for systematic development, maintenance and broadening of knowledge, skills and attitudes to ensure continuing competence as a professional throughout their careers. ¹⁰
Pharmaceutical workforce	Refers to the whole of the pharmacy related workforce (e.g., registered pharmacist practitioners, pharmaceutical scientists, pharmacy technicians and other pharmacy support workforce cadres, pre-service students/trainees) working in a diversity of settings (e.g., community, hospital, research and development, industry, military, regulatory, academia and other sectors) with a diversity of scope of practice. ²
Professional recognition	Refers to the formal acknowledgement of pharmacists' advancement in practice, including enhanced capabilities, specialisation, and contributions to patient-centred care, supporting structured workforce development and improved health outcomes.
Speciality	A narrow area within expert professional practice in which a pharmacist has developed recognised expertise. It is considered a subset of expert practice with a more focused scope. (Extracted from definition of "Expert Professional Practice".) ³
Specialisation	Specialisation in pharmacy practice refers to the in-depth knowledge and skills in a specific area of professional practice. This is typically acquired through postgraduate education and training, experiential learning, and assessment. Specialisation is often linked to professional recognition systems, career advancement, and credentialing pathways. The FIP Global Advanced Development Framework (GADF) distinguishes specialisation as one of several routes of advanced practice, where individuals move beyond generalist competence into expert-level roles in targeted areas (e.g., oncology, infectious diseases, hospital pharmacy, community pharmacy/primary care, regulatory affairs, specific patient

	populations, etc.). It aligns specialisation with structured progression models and encourages national or regional recognition mechanisms that support both career development and healthcare needs. ^{3, 11}
Right-touch regulation	Right-touch regulation involves assessing the level of risk of harm to the public and deciding on the most effective and proportionate response to mitigate that risk—whether through regulation or other means. It involves understanding the problem before jumping to the solution and ensures that the level of regulation is proportionate to the level of risk to the public. ¹²

The definitions in the table below are provisional and will be reviewed and aligned with the forthcoming FIP Glossary (expected 2026).

Term	Description
Advanced practice	Practice that is so significantly different from that achieved at initial registration that it warrants recognition by professional peers and the public of the expertise of the practitioner and the education, training and experience from which that capability was derived. A stage of pharmaceutical practice that is substantively enhanced compared with initial practice at registration. This stage of enhanced practice can be subject to peer-reviewed professional recognition of the expertise and capabilities of the practitioner; this would inevitably be underpinned by the continued education, training and experiential development of the practitioner and the validation of competence through psychometrically designed assessments. ³
Advanced generalist	To follow FIP Glossary 2026
Accreditation	The process of a training activity, course, programme or qualification being officially recognised by a regulatory authority.
Certificate	A document indicating satisfactory fulfilment of requirements of an educational or training course. Alternatively, the term applies to a qualification that is generally of shorter duration and less cognitively demanding than a diploma or degree.
Credentialing	Formal process used to assess and/or verify the qualifications, experience, professional standing and other relevant professional attributes of practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments or health care settings.
Profession's scope of practice	Any role, whether remunerated or not, in which the individual uses their skills and knowledge as a pharmacist in their profession. Practice is not restricted to the provision of direct patient care; it also includes working in a direct, non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and other roles that impact on safe, effective delivery of services in the profession. Also refer to Scope of Practice.

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