Below is an outline of the Domains and Tasks that are evaluated on the AAHIVM HIV Pharmacist™ Credentialing Exam. Each Domain is a high level function for the role of the HIV Pharmacist™. Domains are made up of Tasks that an HIV Pharmacist™ will be able to perform competently.

Each question on the Exam is related directly to one of these tasks. The number of questions on the exam for each Task is determined based on the results of a Role Delineation Study (RDS). An RDS is a standardized study of a profession designed to establish the knowledge and skills necessary for competent practice.

Exam candidates should familiarize themselves with these Domain and Task statements and have knowledge of pathophysiology, pharmacology, PK/PD, epidemiology and prevention, clinical management, social and economic issues, and clinical research related to each.

Domain I: Diagnostic Assessment

Task 1: Recommend an HIV-related test (e.g., HIV antibody, RNA tests) by differentiating among available options to accurately diagnose HIV-1/HIV-2 infection.

Task 2: Recognize Acute Retroviral Syndrome and counsel the patient about advantages, availability, and value of early treatment, based on pertinent medical information and understanding of the virology of early HIV infection.

Task 3: Recommend diagnostic screening and laboratory tests to monitor the patient for potential opportunistic infections (OIs), sexually transmitted diseases (STDs), malignancies, and HIV-related conditions.
Domain II: Treatment

Task 1: Develop an antiretroviral therapy (ART) regimen for an antiretroviral-naïve or treatment-experienced patient to minimize adverse events and optimize efficacy, pharmacoeconomics, and adherence.

Task 2: Recommend ART by applying the Department of Health and Human Services (DHHS) and International Antiviral Society-USA (IAS-USA) guidelines to achieve treatment goals, improve quality of life, and prolong survival.

Task 3: Evaluate the relevance of drug interactions associated with ART by obtaining medication histories and laboratory tests to optimize antiretroviral drug levels and minimize adverse events.

Task 4: Recommend appropriate OI prophylaxis based on immunologic markers and geographic exposures to improve quality of life and prolong survival.

Task 5: Recommend appropriate treatment for OIs, STDs, and other comorbidities in accordance with the patient’s diagnoses and DHHS, IAS-USA, and Centers for Disease Control and Prevention (CDC) guidelines to improve quality of life and prolong survival.

Task 6: Monitor the efficacy, tolerability, and adherence to prescribed ART, OI, and/or STD treatment by using patient history, physical assessment, and laboratory parameters to maximize the benefits and durability of treatment.

Task 7: Identify individuals at risk for HIV infection and/or STDs, recommend treatment (e.g., pre-exposure prophylaxis [PrEP], post-exposure prophylaxis [PEP]), and monitor for adherence, safety, and efficacy of therapy to minimize transmission.

Task 8: Address the needs of special populations (e.g., geriatric, IV drug user, pediatric, pregnant, transgender) by analyzing their unique needs to optimize the effectiveness, impact, and adherence to treatment.

Domain III: Patient Education

Task 1: Educate the patient on the importance of routine HIV and STD screening by using current guidelines to promote prevention, early detection, and treatment.

Task 2: Discuss risk factors for HIV and STD transmission with the patient and provide personalized risk reduction counseling to reduce the incidence and prevalence of HIV and STDs in the community.
Task 3: Promote patient engagement to optimize HIV disease treatment, overall health wellness, preventive care (e.g., immunizations, personal safety), appropriate age and gender health screenings, and education on available community resources to optimize quality of life and prolong survival.

Task 4: Provide essential information, references, or tools to enhance the patient’s ability to make an informed decision on the potential risks and benefits of complementary and alternative medicine (CAM therapies).

Task 5: Manage transitional care for the HIV-infected patient (e.g., telephone encounters, medication reconciliation, patient assessment) and coordinate care with other healthcare professionals to enhance retention in care.

Task 6: Educate the patient on research and investigational treatment strategies and emerging advancements in HIV care.

Domain IV: Professional Responsibility

Task 1: Evaluate and apply the results of research studies to optimize the efficacy and safety of treatment modalities.

Task 2: Select clinical trials to expand access to programs (e.g., provide access to healthcare services when the patient has limited resources or treatment options, foster ongoing research).

Task 3: Apply state and federal laws related to confidentiality and disclosure of HIV status to protect the interests of the patient.

Task 4: Refer the patient to another healthcare professional when appropriate to optimize care.

Task 5: Promote patient advocacy, HIV education, and development of public policy.