

Advanced Pharmacist Mental Health Curriculum Consultation

The consultation was open for four weeks from 14th February - 12th March 2024, to members and non-members of the RPS and CMHP.

A separate EQIA workshop was held as part of the consultation.

Respondents were able to provide feedback either via a webform or by completing a word document template.

In total, the RPS received 3 consultation responses. Both were from individuals, both from England.

The comments were reviewed by the Mental Health Curriculum T&F group (March - April 2024).

Curriculum amendments recommended by the Mental Health Curriculum T&F group have been reviewed and approved by the RPS Advanced Pharmacist Assessment Panel (APAP) and the Education & Standards committee (ESC).

Advanced Pharmacist Mental Health Curriculum - Collated consultation feedback

Feedback	Proposed response	Actions
Document Section: 3 Curriculum Purpose		
Q. Is the purpose description fit for purpose i.e. does it describe the driving forces for developing and assuring advanced mental health pharmacists?		
<p>1 No. Please include enhanced provision for the care of people with a learning disability, those who maybe autistic or identify as neurodiverse. There needs to be stronger awareness and understanding of these issues together with understanding of adapted communication styles, understanding and implementing reasonable adjustments, use of the Mental Capacity Act in learning disability and autism as well as specifics around accessible information standards. With the launch of the Oliver McGowan Mandatory Training across health and social care, this is of paramount importance. There is widespread evidence of more people with a learning disability and especially autistic people being placed in acute psychiatric care settings, increasing the awareness for these conditions and associated levels of care and equitable treatment. Pharmacists should also consider greater awareness of health inequalities and support delivery of CORE20PLUS5 - the PLUS element includes all people with a learning disability and autistic people. There should also be identification of the early predictors of early mortality in learning disability as identified within the LeDeR reporting mechanism.</p>	Text added to section 2.1	<p>Reviewed by MH Curriculum T&F group</p> <p>Sign off by the RPS Advanced Pharmacist Assessment Panel (APAP) and the joint venture board.</p>
<p>No. P11 tacking change to tackling P12 Actively support patients – I wonder if this should say patients and carers – what age are we thinking all ages? In which case definitely would be patients and carers for children/teens and older age) I do also think that it might be helpful use some of the advanced practice terminology here too, you have leadership, perhaps for bullet point above Actively support and provide education....</p>	<p>Spelling corrected</p> <p>Text added</p>	<p>Reviewed by MH Curriculum T&F group</p> <p>Sign off by the RPS Advanced Pharmacist Assessment Panel (APAP) and the joint venture board.</p>

Q Does the purpose define how the curriculum and associated assurance of advanced mental health pharmacist practice will improve patient outcomes?

No.

Supporting the appropriate prescribing and deprescribing of psychoactive medicines, especially for those at highest risk of harm (older adults, people with intellectual disabilities etc) – instead of etc can we actually state what they are?

Addressing the physical health complications of serious mental illness in order to address the significantly reduced life expectancy seen in this population – I think there is something about knowing when to and how to refer when out of their scope of practice, they need to be able to make the decisions at advanced level on when to refer, manage their own time/workload, and own resilience.

Text amended

Reviewed by MH Curriculum T&F group

Text added in 2.2 page 13:

“Recognise when and know how to refer to others when care or complexity exceed their scope of practice”

Sign off by the RPS Advanced Pharmacist Assessment Panel (APAP) and the joint venture board.

Q Does the scope of practice describe the correct level of performance for an entry-level advanced mental health pharmacists?

2

No.

Please more clearly define the leadership at service or team level. Does this expand across ICB boundaries into the support of PCN based colleagues?

I would also expand the second bullet point to include complex behavioural presentation often seen within learning disability and autism.

I would also advocate for a stronger message of reducing health inequality across disadvantaged people including minority ethnic communities.

Support the delivery of CORE20PLUS5

Leadership skills and definitions are addressed in the core module

Reviewed by MH Curriculum T&F group

Text added to section 2.2

Sign off by the RPS Advanced Pharmacist Assessment Panel (APAP) and the joint venture board.

No.

Autonomously make treatment decisions, including independently assessing the risk of a treatment or intervention (including no treatment) in situations of ambiguity of conflicting evidence – this sentence page 13, should this read or conflicting evidence?

Spelling corrected

Reviewed by MH Curriculum T&F group

Apply the knowledge of mental health therapeutics described in the specialist knowledge guide to people using services – I am not sure what this means – what is the specialist knowledge guide?

Added “(Section 4)”

Sign off by the RPS Advanced Pharmacist Assessment Panel (APAP) and the joint venture board.

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Remain effective – I am struggling with this term, ‘sustained quality’?

Document Section: 3 The programme of learning

Q Would a pharmacist achieving the mental health curriculum capabilities and outcomes be able to safely and competently deliver the services and scope of practice in the purpose description?

3	<p>No.</p> <p>MH1.1 Add in additional requirements to adapt communication style to people with a learning disability and autistic people. Use of easy read or plain English information sources adapted to the person as well as communication based reasonable adjustments (often highlighted in communication passports)</p> <p>MH1.2 Holistic care - I would advocate for additional awareness of neurodiversity and learning disability to ensure full adaptation to care in line with sensory, environmental and communication requirements. Recognising and championing neurodiversity is essential to ensure a reduced level of stigma and increased acceptance of difference. I appreciate the mention of over-medication with a link to people with a learning disability. This also needs to include autistic people and I would add that there needs to be additional awareness of behaviour thought to be challenging as a driver for increasing prescribing of psychotropics in learning disability and autism. Understanding assessment, intervention and monitoring of behaviour will be a key driver to safe optimisation of psychotropics. I would also add in adherence to the principles of STOMP and STAMP as these are both long term plan commitments for all services. include an application of knowledge linked to neurodiversity awareness, delivering reasonably adjusted care and applying understanding of behavioural interventions.</p>	<p>Text added to MH1.1</p> <p>Text added to MH1.2 and MH2.2</p>	<p>Reviewed by MH Curriculum T&F group</p> <p>Sign off by the RPS Advanced Pharmacist Assessment Panel (APAP) and the joint venture board.</p>
	<p>No.</p> <p>Again, Outcome 1.1 do we need the term carers in here? Otherwise looks good.</p>	<p>“Families and carers” are already included in a descriptor for this outcome.</p>	<p>Reviewed by MH Curriculum T&F group</p>
<p>Q Are the curriculum outcomes and descriptors specific enough to avoid ambiguity but flexible enough to be applied to different areas of patient-focussed practice and geographies?</p>			
4	<p>No.</p>	<p>Text added to MH1.1 and MH1.2</p>	<p>Reviewed by MH Curriculum T&F group</p>

include an application of knowledge linked to neurodiversity awareness, delivering reasonably adjusted care and applying understanding of behavioural interventions.

Sign off by the RPS Advanced Pharmacist Assessment Panel (APAP) and the joint venture board.

Unsure.

I do wonder about the term communicate effectively – this is key. Perhaps some examples of what is meant by this and skills pharmacists need to ensure they can evidence this. For example: undertake motivational interviewing techniques, work on consultations, coaching and listening skills, etc. Perhaps something about this in the descriptor section.

Examples of suitable evidence are not provided within curriculum but will be provided on the website to support applicants. Applicants are required to demonstrate competency via a range of evidence, this is also part of the core curriculum.

Q Do the descriptors help you understand the level of performance needed to demonstrate the outcomes?

5 **Unsure.**

They will need refinement to meet the needs that I have highlighted in previous answers.

as above

Reviewed by MH Curriculum T&F group Sign off by the RPS Advanced Pharmacist Assessment Panel (APAP) and the joint venture board.

Q The outcomes, in addition to those in the RPS core advanced curriculum, describe the knowledge, skills and behaviours required of advanced mental health pharmacists to meet current and future NHS service needs and deliver improved patient care across a range of settings?

6 **Disagree.**

See previous answers. I am advocating for a larger awareness and understanding of intellectual disability, autism and other forms of neurodiversity.

as above

Reviewed by MH Curriculum T&F group Sign off by the RPS Advanced Pharmacist Assessment Panel (APAP) and the joint venture board.

Document Section: 5 Education & Training provision

AA Q Do you think the roles of the educational supervisor, practice supervisor and mentor(s) as described will provide the level of support required by individuals to meet the curriculum outcomes?

7	Unsure. There needs to be provision for specialists within learning disability and autism to scaffold non-specialist colleagues and allow development of the factors I have highlighted in my responses	Agreed, as above	
	[No selection made] I had to read this paragraph several times. P20 under Clinical Knowledge Presentations, conditions, treatments and issues are listed either because they are common and/or serious (having high morbidity, mortality and/or serious implications for treatment or public health). As well as the specialist knowledge indicated, pharmacists are expected to have the generalist knowledge expected of all advanced pharmacists. Do you mean the presentations, conditions, listed below are based on	Text rephrased for clarity	Reviewed by MH Curriculum T&F group Sign off by the RPS Advanced Pharmacist Assessment Panel (APAP) and the joint venture board.
Document Section: 6 The programme of assessment			
AE	Q Do you think the range of supervised learning events (SLEs) available, as well as the ability to provide any other supporting evidence of learning, is sufficient to allow individuals to demonstrate achievement of the mental health curriculum outcomes?		
8	Unsure. Unsure how DOPS or ACAT could be employed in this setting.	These tools are optional, not requirements for individuals.	
	Q Do you think the programmatic assessment programme described allows pharmacists to effectively demonstrate their ability to practise safely and effectively in mental health care at this level?		
	Yes. But also to add that the most important part and something I re iterate time and time again is the feedback from the assessor/supervisor/reviewer of the supervised learning event. What have the done well = evidence for meeting capabilities. What can they improve= forms action plan(s) of what they need to work on next.	Text added in section 6.10	Reviewed by MH Curriculum T&F group Sign off by the RPS Advanced Pharmacist Assessment Panel (APAP) and the joint venture board.
	Q Do you think the 'stakes' rating of each of the mental health curriculum outcomes is appropriate?		
	Yes. It makes sense, if they can rate them appropriately and not make all high or all low.		
AK	Q Do you think that the accreditation of prior certified learning (APCL) process is fair and an appropriate balance between protecting patient safety and avoiding assessment duplication?		

<p>9 Unsure. APCL wouldn't be applicable to any mental health curriculum outcomes if they're all high stakes. This needs to be made clearer.</p>	<p>Wording amended section 6.14</p>	<p>Reviewed by MH Curriculum T&F group Sign off by the RPS Advanced Pharmacist Assessment Panel (APAP) and the joint venture board.</p>
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Unsure.

What is the time limit for previous APCL?
Would you consider learning events that have been used for the Specialist MH Training pathway portfolio and if so, what would be the time limit for students to be able to use these.

There is no time limit for APCL however it is not relevant for this curriculum as all outcomes are high stakes. Wording amended section 6.14 for greater clarity.

Document Section: 6.16 Inclusivity & flexibility

AM Q Do you think that the curriculum, including its programme of assessment, is inclusive to pharmacists working within all settings of patient focussed mental health care? Do the capabilities, outcomes and descriptors allow learners across the UK countries to demonstrate their abilities?

10 **No.**
You have not defined pharmacists with disabilities, and I am unclear as to the scope. I would advocate for inclusion for pharmacists who identify as neurodiverse and ensure adaptations to the curriculum to meet their needs. This does not come across in the document. Please do not link neurodiversity to disability.
See above re neurodiverse colleagues and what adaptations they may require to learning

The RPS and CMHP do not define disability but use that as per the Equality Act 2010.
The RPS undertook an Equality Impact assessment workshop in order to assess the potential impact of this portfolio and assessment method on the people with the protected characteristics.
Pharmacists who identify as neurodiverse contributed to the workshop.
Pharmacists who identify as neurodiverse are encouraged to apply for credentialling, steps have been taken to adapt the curriculum to meet their needs.

Q Do you think that the curriculum allows sufficient flexibility for employers, statutory education bodies, HEIs and other training providers in how they support pharmacists to develop towards an advanced level of practice?

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[No selection made]

If a student is undertaking a postgraduate diploma /MSc in advanced practice or is undertaking the specialist mental health pathway at University of Bradford, it would seem sensible that some of the evidence they accrue for the portfolio component of these learning streams would also meet some of the evidence for the advanced MH curriculum. If so, can they use this evidence of learning and how long after they have undertaken this will they be able to use some of the learning. For example – undertaking simulated patient scenarios, audits, pharmaceutical care plans, as well as work-based learning tools.

Yes, candidates can submit evidence to demonstrate how they meet the requirements of this curriculum regardless of whether they have also used the evidence for other purposes. There is no deadline or “expiry” after which evidence is no longer relevant. a range of evidence will be required.

AR Q Do you think there will be any practical difficulties in supporting pharmacists to achieve the curriculum outcomes from an operational / logistical perspective?

11	Unsure Adaptations to learning style for neurodiverse colleagues	Full details of amendments and adaptations made to the process will be available in the EQIA report via the RPS website.	Reviewed by MH Curriculum T&F group
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Unsure

Most probably working in a busy NHS environment, finding assessors and educational supervisors, but with effort they can be overcome. There does need to be the facility for students to suspend studies or ask for extensions in exceptional circumstances.

There are no set timeframes from when an applicant starts their e-portfolio to when they choose to submit for assessment. The timeframe is theirs. This is not a study course, and there is no start date, therefore there is no concept of an extension.

Document Section: Additional comments

12	Further clarity is needed on whether appropriate evidence submitted for the RPS core advanced curriculum can be re-used for the mental health curriculum outcomes. I also have a comment on the mandatory clinical assessment skills - I feel that detoxification monitoring scales shouldn't be a mandatory skill unless an individual is working in a substance misuse role; this skill isn't commonly employed in practice in other areas like a mental state examination or side effect monitoring.	Wording added in section 6.5 Wording amended to say that pharmacists should be able to interpret (not perform) these, on page 30.	Reviewed by MH Curriculum T&F group Sign off by the RPS Advanced Pharmacist Assessment Panel (APAP) and the joint venture board.
13	Please be consistent with terminology within the document - there is mention of learning disability and intellectual disability (pg20) - please do		Reviewed by MH Curriculum T&F group

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<p>not interchange. I would also suggest that you always describe learning disability in the singular not plural form " a person with a learning disability" Also use the term "an autistic person" NOT a person with autism. This is in line with current accepted terminology that is acceptable. Please never use the acronyms LD or LDA as this is seen as an insult to people.</p>	<p>Wording amended wherever possible throughout the document. Such acronyms were not used.</p>	<p>Sign off by the RPS Advanced Pharmacist Assessment Panel (APAP) and the joint venture board.</p>
<p>Does RPS only cover England, Scotland and Wales, not Northern Ireland – excuse my ignorance but I was surprised they were not listed on page 8.</p>	<p>Yes, this wording is correct.</p>	
<p>I am sure you have but you do not refer to the following documents and I think they should be there Advanced Practice Mental Health Curriculum and Capabilities Framework (hee.nhs.uk) and Pharmacy Framework 2020.pdf (hee.nhs.uk)</p>	<p>Agreed these are useful related materials.</p>	<p>Reviewed by MH Curriculum T&F group</p>
<p>• I had a look through this and maybe it's just me but at first glance I found it confusing to understand where this curriculum fit into to the credentialing process as I assumed MH pharmacists would work against this curriculum instead of the core advanced curriculum. Perhaps this could be made clearer for people like me! (this is comment from one of my team who does not work in Mental health but a valid point)</p>	<p>This is articulated in the introduction in section 1 - wording amended to help. Also described in 6.11.</p>	<p>Sign off by the RPS Advanced Pharmacist Assessment Panel (APAP) and the joint venture board.</p>
<p>• I was looking for the descriptors for domains 3, 4 and 5 but these aren't mentioned in the curriculum. However, after reading through it a second time it became clearer that the RPS and CHMP joint curriculum is a supplementary module to the Core Advanced Curriculum and to pass the credentialing process both curriculums have to be passed. This seems like a lot of work; could they be merged into one and have domain, 3, 4 and 5 as part of the joint curriculum as well?</p>	<p>Domains 3, 4 and 5 are in the Core document as they are skills common across all areas of practice. This MH specific curriculum is supplementary and specific to MH pharmacists. The core curriculum needs to remain as is, because other pharmacists working in other sectors use the core curriculum.</p>	
<p>• On page 9 under section 1.1 (How can different stakeholders use this document) - the term "teaching providers" is used - there has to be better word for this. Education providers maybe?</p>	<p>The term used is "training providers"</p>	