RPS & CMHP Advanced Pharmacist Mental Health Curriculum

Contents

Preface to be added following consultation

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The Royal Pharmaceutical Society (RPS) and the College of Mental Health Pharmacy (CMHP) would like to recognise the significant input from the members of the task and finish group who have provided input and expertise, and helped shape this curriculum (in alphabetical order):

Key curriculum definitions

Advanced Pharmacist Assessment Panel (APAP)
The panel responsible for the quality assurance of RPS assessment and credentialing activity related to advanced pharmacist practice.

Advanced Pharmacist Competency Committee (APCC)
A group of appropriately qualified experts who reach final decisions on individuals' progression to being credentialed.

Appropriate
An action that is evidence-based, safe, cost-effective and in keeping with your clinical judgement, as well as the person's situation and preferences.

Assessment
All activity aimed at judging a learner's achievement of the curriculum's learning outcomes, whether for summative (determining satisfactory progression in or completion of training), or formative (developmental) purposes. An outcome can be defined as a level of performance or behaviour that a pharmacist is expected to achieve as part of their development according to their stage of training within the curriculum.

Blueprint
A matrix used to define the content of an assessment. This ensures the assessment programme covers all the outcomes defined by the curriculum.

Boundaries
Traditional boundaries in the healthcare system between different professions, areas of (clinical) practice, and/or geographies.

Capabilities
High-level, complex professional capabilities are flexible and adaptive in a wide range of contexts and synthesise the knowledge, skills, behaviours and experience pharmacists need to manage real-life (patient) scenarios.

Collaborator
Any individual supporting pharmacists undertaking this programme to record their learning e.g. a member of the team who contributes to multi-source feedback, a person who completes a patient survey or a senior who undertakes a supervised learning event.

Consultant pharmacist curriculum
The RPS consultant pharmacist curriculum is based on the Advanced Pharmacy Framework at the level described in the NHS Consultant Pharmacist Guidance and articulates the entry-level knowledge, skills, behaviours and levels of performance expected of entry-level consultant pharmacists.

Core advanced pharmacist curriculum
The RPS core advanced pharmacist curriculum articulates the entry-level knowledge, skills, behaviours and levels of performance expected of all advanced pharmacists irrespective of the sector of practice or area of specialist or generalist practice.

Credential
An award recognising progression and successful completion of a critical progression point within an assessment programme.

Critical progression point
A point in a curriculum where a learner transitions to a higher level of professional responsibility or enters a new or more specialist area of practice. These gateways represent an increased level of risk to patients so transition through these points must be robustly managed, usually by summative assessment hurdles.

Curriculum
A statement of the intended aims and objectives, content, experiences, learning outcomes and processes of a programme, including a description of the structure and expected methods of learning, teaching, assessment, feedback and supervision.

Descriptor
A clarifying statement or example of the expected level and breadth of performance required to achieve the curriculum outcomes.

Domain
A collection of commonly themed capabilities and outcomes.

Education and Standards Committee
The committee responsible for the overarching quality assurance of all RPS assessment and credentialing activity.

Equality Impact Assessment (EQIA)
A systematic and evidence-based tool, which enables us to consider the likely impact of work on different groups of people.

Experience (breadth of)
When a pharmacist has had enough experience to be able to practise safely and competently at the expected level of performance. This is not linked to a quantitative measure rather when the pharmacist has acquired and consolidated the learning outcomes.

Facilitate
Take action to make a process easier or to make a desirable outcome more likely to be achieved.

Formative assessment
Assessment that happens regularly with low, or no, stakes associated that supports learning and development.

Final decisions
Higher stakes critical progression points based on numerous data points reviewed holistically by a competency committee. The outcome of this decision will inform whether an individual has satisfactorily met the curriculum outcomes and can be credentialed.

Outcomes
What is to be achieved by pharmacists undertaking the programme i.e. the knowledge, skills, behaviours and experience of those who successfully complete the programme of assessment.

Patient-focussed roles
Roles that have a direct impact on individual patients and/or patient populations although this may not involve regular direct patient-facing contact.

Person
The curriculum includes the term person-centred and refers to person / people throughout. This means 'the person receiving care'. The term may also apply to the person's carers, family or representatives depending on the situation.

Post-registration foundation curriculum
The RPS post-registration foundation curriculum defines the purpose, content of learning and the programme of assessment for post-registration foundation pharmacists ensuring that the person, medicines optimisation and service delivery is at the heart of the pharmacist's role.

Programme of assessment
The set of individual assessments planned to assess the curriculum outcomes. The synthesis of these individual assessments into a programme allows for integrated judgments on an individual's performance.

Programme of learning
A matrix of the capabilities, learning outcomes and descriptors determined as necessary to deliver the services defined by the curriculum purpose.

Quality assurance
The standards, system and processes in place to maintain and enhance quality to assure patients and the public that pharmacists meet the required standards.

Quality control
RPS has a role in quality control in terms of ensuring national curricula and assessments are consistently developed and delivered in line with the RPS curriculum quality standards.

Summative assessment
Assessment of performance at a critical progression point or the end of a programme of learning.

Supervised Learning Event
Supervised Learning Events are not formal examinations of knowledge or summative assessments, they present an opportunity for individuals to be observed in the (clinical) workplace setting, to see how they work with others (including the patient) and to be given feedback with the aim of improving their practice.

Section 1 - Introduction

Advanced pharmacists working in mental health have the advanced capabilities and expertise to deliver care for people with more complex mental health needs with a higher degree of autonomy than less experienced pharmacists. They have the skills to transform mental health care delivery at a service, team or organisational level, through leadership, education and research.

This curriculum defines the purpose, programme of learning and the programme of assessment for entry-level advanced pharmacists in mental health. This sits **supplementary** to the capabilities defines in the RPS core advanced curriculum and the two documents should be read in tandem. These ensure that the person, medicines optimisation and service delivery is at the heart of the advanced pharmacist's role in mental health. The completion of this curriculum, **in addition to** the RPS core advanced curriculum, assures an individual's capability to practise as an advanced pharmacist in mental health.

The curriculum has been developed collaboratively between the Royal Pharmaceutical Society (RPS) and the College of Mental Health Pharmacy (CMHP).

The RPS is the professional leadership body for pharmacists in England, Scotland and Wales. It has developed a post-registration development pathway for patient-focussed pharmacists across all sectors in the UK. The continuum of development progresses from post-registration foundation, through advanced to consultant pharmacist levels of practice.

The CMHP is the leading membership group for mental health pharmacy professionals, with membership extending internationally. It provides opportunities for training and education, sharing best practice, professional networking, collaboration and inspiring innovation. The CMHP first developed a credentialing programme for mental health pharmacy professionals over two decades ago.

The level of practice described in this curriculum is the entry to advanced pharmacist mental health practice and lays the groundwork for pharmacists wishing to progress towards consultant level practice.

The RPS & CMHP advanced pharmacist mental health curriculum supports the development of a consistent and flexible workforce by articulating the common capabilities. The curriculum and credential have been jointly developed to provide assurance to pharmacists, employers, the wider multidisciplinary team (MDT) and the public of the capability of advanced pharmacists in mental health.

The RPS & CMHP advanced pharmacist mental health curriculum is open to all pharmacists irrespective of sector of practice. Membership of the RPS or CMHP is not a requirement to access either the curriculum or credentialing assessment.

1.1.   How can different stakeholders use this document?

Pharmacists working towards advanced pharmacist credentialing in mental health can monitor their progress towards the outcomes, ensuring they are gaining appropriate learning, training and experience. This contributes to appraisal, self-assessment, self-directed learning, and formative and summative assessment against the outcomes.

Supervisors and mentors can support pharmacists develop the appropriate skills, knowledge, and behaviours; and access the appropriate experiences to gain these. They

can use the curriculum to verify that they are providing teaching, support and guidance in the appropriate areas of practice.

Training providers can design structured learning programmes and ensure local teaching maps to the curriculum.

Employers can use the curriculum to support professional and personal development plans of employees. They can understand the scope of practice for advanced pharmacists in mental health. They can use achievement of the credential as independent assurance of the capability of individuals seeking employment in an advanced pharmacist role in mental health and it should feature in job descriptions and personal development plans accordingly.

Service planners and commissioners can refer to the curriculum to understand the capabilities of the advanced pharmacist workforce in mental health when developing and commissioning services.

Patients and lay people will be able to see the standard required for a mental health pharmacist to practise at an advanced level.

Assessors and collaborators can refer to the curriculum outcomes and descriptors to support and standardise assessment activities and judgments.

1.2.   What are the proposed roles and responsibilities of different stakeholders in this curriculum?

The GPhC

- Sets the standards for pharmacy professionals

The four UK governments and their related organisations

- Identify and prioritise strategic, system, service or workforce needs including, through their respective educational organisations, the funding, planning, commissioning and quality management of training programmes

RPS

- Maintain, monitor and evaluate the core RPS post-registration curricula (post-registration foundation, core advanced and consultant)
- Maintain monitor and evaluate the RPS & CMHP advanced pharmacist mental health curriculum in partnership with the CMHP.
- Jointly administer the common assessment against the RPS & CMHP advanced pharmacist mental health curriculum outcomes and award the RPS & CMHP advanced pharmacist credential in partnership with the CMHP.

CMHP

- Maintain monitor and evaluate the RPS & CMHP advanced pharmacist mental health curriculum in partnership with the RPS.
- Provide clinical expert assessors for the RPS & CMHP advanced pharmacist mental health pharmacist credential.

Statutory education bodies

- Commission and/or provide elements of training programmes to meet the curriculum learning outcomes.
- Quality assures the provision of commissioned training programmes.

Higher education institutions / local education and training providers

- Provide training programmes to meet relevant elements of the curriculum programme of learning, which may include support with supervision and the completion of supervised learning events.

Employers

- Implement elements of learning at a local level.
- Provide supervision to learners in practice.
- Undertake/facilitate supervised learning events in the workplace.
- Provide quality control and participate in quality management of education and training.

1.3.   How was this curriculum developed and how will it be governed?

The capabilities and outcomes in this curriculum were developed collaboratively between the RPS and the CMHP based on the RPS Core Advanced pharmacist curriculum and the CMHP Credentialing process.

The curriculum was developed in line with the quality standards in the RPS curriculum quality framework by a specialist task and finish group.

The group comprised a wide range of stakeholders to ensure the programme of learning and assessment are inclusive of sectors and geographies, including representation from:
- Affiliate and specialist groups/clinical experts from across the UK
- Professional bodies, including RPS and CMHP
- Academic institutions
- Learners from across the post-registration spectrum
- Non-pharmacy multiprofessional colleagues

The ongoing oversight of the curriculum, including review of its content, will be undertaken jointly by the RPS Advanced Pharmacist Assessment Panel, the RPS Education & Standard Committee and the CMHP Council.

Section 2 - Curriculum purpose

2.1. How is the curriculum aligned to services and patient need?

Each of the nations of Great Britain has an ambitions strategy to improve outcomes and support people living with mental ill health including tacking the reduced life expectancy seen in people with severe mental illness[1],[2],[3].

This includes developing new and integrated models of care delivery and increasing access to clinicians from all professional backgrounds with the advanced level skills to be able to deliver care autonomously to people with highly complex needs.

The increasing prevalence of and complexity in the management of people with mental health conditions, along with the desire to deploy more specialist mental health pharmacists into different settings, creates an additional drive for the assurance of these pharmacists in delivering care to these vulnerable groups of people with complex needs.

People with serious mental illness are more likely to have certain co-morbidities, which may be related to confounding factors such as inequality or the treatments used in the management of their mental health conditions. To address these and impact upon the reduced life expectancy seen in patients with serious mental illness, advanced pharmacists in mental health are required who have expertise in managing the physical health complications of psychotropic medicines as well as supporting people with substance use problems.

The advanced pharmacist mental health curriculum is inclusive of the knowledge and skills required for supporting people with substance use issues. Substance use affects many individuals across the UK causing harm and avoidable deaths. The drug related death figures for the UK are some of the highest in Europe[4]. Substance use has wide and far reaching consequences for the individual, their family and the community as a whole. The drivers of substance use are complex and include deprivation, stigma and trauma. Stigma is a significant barrier for people to access the support and treatment that they need and is a particular issue for those with mental health needs, including problematic substance

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[1] NHS Mental Health Implementation Plan 2019/20 – 2023/24
https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/ [Accessed 27th October 2023]

[2] Mental Health Strategy 2017-2027 Healthier Scotland. Scottish Government
https://www.gov.scot/publications/mental-health-strategy-2017-2027/ [Accessed 27th October 2023]

[3] Together for Mental Health Delivery Plan: 2019-22 Welsh Government
https://gov.wales/sites/default/files/publications/2020-01/together-for-mental-health-delivery-plan-2019-to-2022.pdf [Accessed 27th October 2023]

[4] Office of National Statistics. Deaths related to drug poisoning in England and Wales 2021 [Available from:
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/previousReleases [Accessed 27th October 2023]

use [5,6]. There is recognised increased morbidity and mortality from a range of underlying conditions and increased risk of co-morbidities such as poor respiratory and cardiovascular health and chronic pain. These conditions are often poorly managed and many individuals do not seek help for these conditions[6,7].

It is necessary to develop a pharmacy workforce equipped with the advanced knowledge and skills to support this highly complex population and health and social care systems to improve the provision of mental health (including substance use) treatment, the management of co-morbidities, the availability, reach and quality of harm reduction activities and address some of the structural barriers faced by this population.

2.2. What is the scope of practice of an advanced pharmacist in mental health?

While the advanced pharmacist in mental health will be working at the same level of practice as other advanced level pharmacists, there are specific knowledge, skills, behaviours and capabilities that an advanced pharmacist in mental health must be able to demonstrate **in addition to** those articulated in the RPS core advanced pharmacist curriculum. These supplementary capabilities are outlined by this curriculum.

The curriculum sets out the knowledge, skills and behaviours expected of advanced pharmacists in mental health who will:

- have developed their competence as an advanced pharmacist in mental health in a clinical setting, beyond the expectation of a post-registration foundation level pharmacist (as articulated in the post-registration foundation curriculum)
- have established clinical expertise, including relevant specialist clinical assessment skills, allowing them to provide person-centred care for people with highly complex mental health and associated physical healthcare needs
- be a point of referral for pharmaceutical expertise in mental health from other pharmacists as well as clinicians at all levels of practice from the wider multi-disciplinary team and across care boundaries
- act as a role model and positively influence the specialist and generalist teams in which they work, providing leadership at a service and/or team level
- actively support patients to access appropriate care for mental and physical health needs, as well as appropriate social care support, recognising that previous trauma, stigma and other issues may be significant barriers to access in this population

Advanced pharmacists in mental health have a key role in tackling the current in mental health priorities, including:

[5] Drug Death Taskforce Response: A cross government approach. Improving Scotlands Health. Scottish Government. https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2023/01/drug-deaths-taskforce-response-cross-government-approach/documents/drug-deaths-taskforce-response-cross-government-approach/drug-deaths-taskforce-response-cross-government-approach/govscot%3Adocument/drug-deaths-taskforce-response-cross-government-approach.pdf [Accessed 27th October 2023]
[6] Scottish Drugs Forum. Older People with Drug Problems in Scotland: Addressing the needs of an ageing population. 2017. https://www.sdf.org.uk/wp-content/uploads/2017/06/Working-group-report-OPDPs-in-2017.pdf [Accessed 27th October 2023]
[7] Matheson C, Hamilton E, Wallace J, Liddell D. Exploring the health and social care needs of older people with a drug problem. Drugs: Education, Prevention and Policy. 2019;26(6):493-501. https://doi.org/10.1080/09687637.2018.1490390 [Accessed 27th October 2023]

- Optimising treatment for people with severe mental illness, where first and second line treatments may have failed or other factors complicate treatment (e.g. co-morbidities)
- Supporting decision making where evidence may be limited
- Actively engaging people with mental illness who need care applying demonstrating values-based practice
- Supporting the appropriate prescribing and deprescribing of psychoactive medicines, especially for those at highest risk of harm (older adults, people with intellectual disabilities etc)
- Addressing the physical health complications of serious mental illness in order to address the significantly reduced life expectancy seen in this population
- Supporting people involved in substance use, including taking actions to reduce harm from the use of drugs and accepting that recovery is person-centred and goals of treatment should be set in collaboration with the person receiving treatment.

This mental health curriculum describes the requirements of an entry-level advanced pharmacist who will be able to demonstrate achievement and sustained application of the following capabilities:

- Provide holistic pharmaceutical care to individuals and populations with highly complex mental health needs in dynamic environments
- Autonomously make treatment decisions, including independently assessing the risk of a treatment or intervention (including no treatment) in situations of ambiguity of conflicting evidence
- Work as an integrated member of the multi-disciplinary team, providing support around medicines use and therapeutics
- Liaise with and action referral to organisations outside of traditional healthcare delivery (social care, third sector, support groups)
- Take action to support and reduce the risk of harm for people who exhibit harmful behaviours or continue to use problematic substances despite optimal pharmaceutical therapy
- Develop and implement person-centred approaches to mitigate risk for people receiving care, taking a holistic view of risk (e.g. individual, societal etc)
- Apply the knowledge of mental health therapeutics described in the specialist knowledge guide to people using services
- Create and implement individualised treatment plans, including for people requiring non-standard approaches
- Interpret and act based on assessments and tests undertaken, including further testing where appropriate
- Collaborate effectively with the multidisciplinary team, managing differences of opinions and tensions between different care teams
- Remain effective despite rapidly and frequently changing situations
- Communicate effectively with people using services, families, and other healthcare professionals, including:
    - With people who may be in a mental health crisis or distressed
    - Leading consultations with people to explain treatments they may have had when they were unable to consent or understand
    - Manage the legal complexities of working in a mental health setting, including consent issues and regular use of off-label and unlicensed medicines

2.2.1 Defining advanced level autonomy, complexity and sphere of influence

As pharmacists gain experience and develop their knowledge and skills, they are expected to assume increasing levels of autonomy and manage increasing levels of complexity within a wider sphere of influence. **Autonomy**, **complexity** and **sphere of influence** are used throughout the document to describe the expected level of practice to demonstrate the curriculum outcomes and, in particular, to differentiate practice from the expectations of the RPS post-registration foundation and consultant curricula. Full definitions of these can be found in the RPS Core Advanced curriculum.

2.3. How does this curriculum fit in with the wider education and professional development pathway for pharmacists?

The domain headings in the GPhC Standards for the initial education and training of pharmacists and all RPS post-registration curricula are aligned providing a continuum of professional learning and development from the point of entering the MPharm degree through to consultant practice. The domains closely mirror the four pillars of advanced practice[8] recognised across healthcare professionals: clinical practice, leadership and management, education and research.

Figure 1. The four pillars of advanced practice
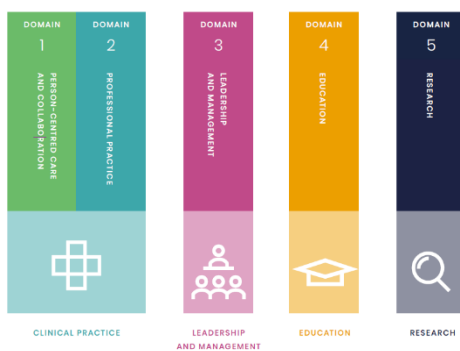
The advanced pharmacist mental health curriculum is pitched at an equivalent level of practice as the RPS Core Advanced curriculum, but defines the specific context and **supplementary** capabilities expected of an advanced pharmacist in mental health.

[8] Manley, K. (1997) A conceptual framework for advanced practice: an action research project operationalising an advanced practitioner/nurse consultant role, Journal of Clinical Nursing, 6(3), pp.179-190
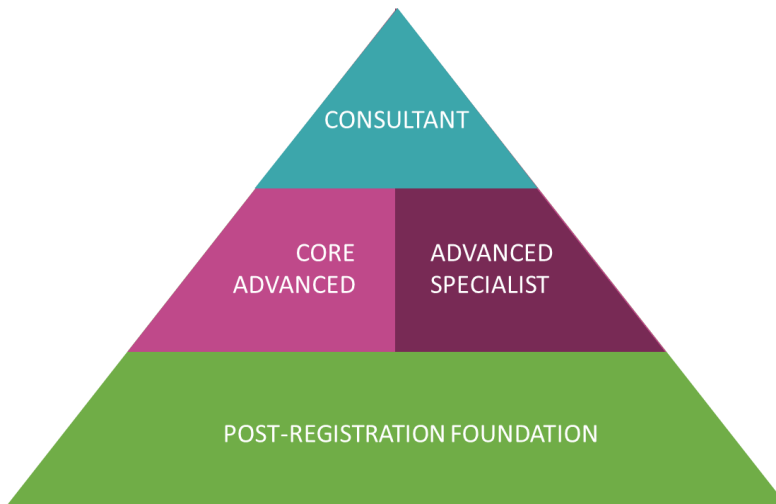
Figure 2. RPS Post-registration credentialing model

Section 3 – The programme of learning

The advanced pharmacist mental health curriculum consists of 2 additional **capabilities.** These are **supplementary to** the capabilities articulated in the RPS Core Advanced curriculum. These specialist capabilities describe the key clinical and professional aspects of advanced pharmacy practice in mental health. The capabilities and outcomes have been grouped together to supplement the following core domains:

• Person-centred care and collaboration
• Professional practice

As in the core RPS curricula, each capability is a synthesis of **outcomes** which describe the knowledge, skills and behaviours that should be demonstrated by an entry-level advanced pharmacist in mental health.

Each outcome is supported by a set of **descriptors** which clarify the expected level and breadth of performance required to demonstrate the outcome.

The learner does not need to provide evidence for every descriptor but should ensure their evidence reflects the breadth and depth described. The example descriptors are not exhaustive and alternative supporting evidence may be used when deciding how to demonstrate achievement of the outcomes.

Figure 3. RPS Programme of learning hierarchy

3.1. Capabilities, outcomes and descriptors

Remember that the descriptors are to guide individuals and supervisors to the level of performance and breadth of evidence required. Individuals are not required to include evidence in their e-portfolio for every descriptor
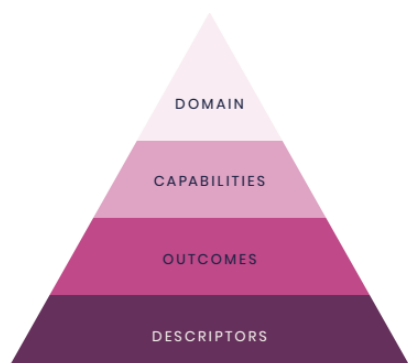
DOMAIN 1: PERSON-CENTERED CARE AND COLLABORATION		
CAPABILITIES	**OUTCOMES**	**DESCRIPTORS**
Communicates effectively when supporting people with complex mental health needs, placing the person at the centre of any interaction	MH 1.1 Communicates effectively with people receiving care and colleagues when delivering holistic care, including pharmaceutical care, to people with highly complex mental health needs.	Utilises appropriate communication approaches to engage with people who may lack insight or capacity due to their mental health conditions Communicates effectively with people experiencing symptoms of mental health conditions that may make consultations more challenging e.g. incongruence, dissociation, hallucinations, delusions, trauma Engages in challenging or complex communication with, and supports families and carers affected by mental health conditions Communicates and supports individuals in a trauma informed manner Supports and advocates for the patient when working with the breadth of providers involved in supporting people they care for including specialist mental health services, the third sector, drugs and alcohol services, primary care, community pharmacy, community providers social care and independent advocates
	MH 1.2 Views people holistically and keeps the person at the centre of their approach to care, respecting their autonomy including in situations where their capacity or insight may be reduced.	Always seeks to involve people in their treatment decisions even when they are receiving enforced treatments or lack capacity to make decisions about their treatment Seeks most agreeable and appropriate approaches to enforced or covert treatments for the person being treated working alongside the multidisciplinary team e.g. Independent Mental Health Advocates, Independent Mental Capacity Advocate, Second Opinion Approved Doctors, best interest decisions Takes action to reduce the over-medicalisation, over-medication and excessive use of restrictive practice in people prone to the disproportionate impact of these actions (e.g. people with learning disabilities, people from marginalised communities)

		Takes proactive actions to keep patents engaged with treatment and have plans in place to improve adherence and ensure safety if appointments are missed, patients appear to disengage or there are escalating risk issues

DOMAIN 2: PROFESSIONAL PRACTICE		
CAPABILITIES	**OUTCOMES**	**DESCRIPTORS**
Applies advanced pharmaceutical knowledge and skills in the delivery of care for individuals or groups with complex mental health needs	MH 2.1 Delivers care using advanced specialist mental health knowledge and skills, for individuals or groups with highly complex mental health needs including where evidence is limited or ambiguous	Applies their specialist mental health knowledge in the delivery of care for people with mental health conditions; initiating, monitoring and adjusting treatment plans Manages the impact mental health conditions and psychotropic medicines have on physical health; takes action to mitigate these and improve the overall health and wellbeing Appropriately identifies and manages safeguarding risks, including risks to self and others; works proactively with the multidisciplinary team (MDT) to develop an appropriate risk management plan Applies harm reduction techniques and interventions to manage risk to the patient and wider community Autonomously manages the risks associated with treatments used in the management of mental health conditions e.g. clozapine, injectable opioid treatment, high dose methadone, high-dose antipsychotic therapy, lithium, long-acting antipsychotic injections and valproate in people aged under 55 years Provides education and support for relapse prevention to maintain wellbeing; identifying additional health or social needs and referring appropriately
	MH 2.2 Undertakes a holistic clinical review of individuals with complex mental health needs, using a range of assessment methods, appropriately adapting assessments and communication style based on the individual	Identifies when an individual may be displaying symptoms associated with mental health conditions; manages these appropriately including initiating or altering treatments Uses appropriate assessment methods to manage conditions associated with mental health and is able to assess the impact (positive and negative) of treatment as part of a holistic review Undertakes a holistic assessment of the patient, taking into consideration prescribed medications, illicit substances use, harmful, hazardous or dependent alcohol use, psychosocial support and physical health needs
	MH 2.3 Can utilise advanced clinical knowledge and skills in the	Can apply the knowledge described in the advanced specialist mental health knowledge & skills section (Section 4)

	management of mental health conditions	Undertakes the assessment skills described in the advanced specialist mental health knowledge & skills section (Section 4)

3.2. How will we ensure the curriculum learning content is inclusive?

The RPS and CMHP are committed to celebrating the diversity of the pharmacy profession and ensuring their curricula, are inclusive and accessible to all. To ensure this, an Equality Impact Assessment (EQIA) will be considered as part of the consultation period and be available to access following consultation.

As part of the public consultation for the curriculum, there was engagement with representative groups to ensure that diverse voices shape the curriculum and assessment programme, including where possible:

- Pharmacists from different ethnicities.
- Pharmacists with disabilities.
- Pharmacists from across the spectrum of sexual orientation.
- Pharmacists from across the spectrum of gender.
- Pharmacists who work less than full-time.
- Pharmacists who have taken a break from training e.g. those taking or who have taken family-friendly leave.

Section 4 – Advanced specialist mental health knowledge and skills guide

The below outlines the assumed clinical and non-clinical knowledge and skills required by advanced pharmacists practising in mental health. These form the foundations of successfully demonstrating the outcomes and capabilities in the programme of learning.

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.

The knowledge will be required to demonstrate achievement of the curriculum outcomes, in particular for the outcomes in domain 2.

For each condition/presentation below, advanced pharmacists in mental health will need to be able to apply the following aspects to the treatment plans of individuals
- aetiology and prognosis,
- clinical features,
- investigation
- pharmacological and non-pharmacological management and monitoring
- management of treatment non-response or complex illness

For pharmacological treatments, advanced pharmacists working in mental health will need to be able to apply the following aspects to the management of individuals:
- the pharmacology, pharmacodynamics and pharmacokinetics of psychotropic medicines
- the place in therapy
- relevant up to date related evidence and guidance.

Clinical knowledge
Dementia   • Alzheimer's disease   • Other causes of dementia, including Lewy body
Delirium
Substance dependence/use
Psychosis and schizophrenia
Sleep disorders
Mood (affective) disorders   • Bipolar affective disorder   • Depression   • Anxiety
Personality disorders
Intellectual disabilities and autism spectrum disorders
Prescribing of psychotropic medicines in special circumstances: • children and adolescents   • older people   • eating disorders

> - physical co-morbidities:
> - pregnancy and breastfeeding
> - safe discontinuation of psychotropic medicines
> - managing violence and aggression

Non-clinical knowledge

In addition to the presentations and treatments described above, advanced pharmacists in mental health must understand how their local psychiatric or substance misuse services are commissioned and structured, the reporting arrangements and the legal and ethical frameworks governing care delivery.

Clinical assessment skills

An advanced pharmacists in mental health is expected to be able to perform the following clinical and assessment skills safely and competently:

Clinical assessment skills
- Psychotropic medicine side effect monitoring scale (e.g. Glasgow Antipsychotic Side-effect Scale (GASS)   - Detoxification monitoring scale (e.g. Clinical Institute Withdrawal Assessment   - Alcohol Scale revised (CIWA–Ar), Clinical Opiate Withdrawal Symptoms (COWS)   - Mental state examination appropriate to the area of practice   - Medication history taking

Section 5 - Education & training provision

5.1. How can specialist training against the curriculum be delivered?

The curriculum has been designed to offer significant flexibility in how learning and training is accessed and evidenced. It is expected that pharmacists working towards this credentialing will direct their own development against the curriculum, in addition to working towards the outcomes in the RPS Core Advanced curriculum, with appropriate support and supervision in the workplace.

Employers, statutory education bodies, higher education institutions and other training providers have an important role to play in supporting individual pharmacists in their development, enabling appropriate supervision and mentorship as well as targeted educational and vocational learning opportunities.

The majority of learning experiences should be available within the individual's own workplace and can be facilitated by remote technology, where required.

5.2. What types of experience should any training include?

To successfully demonstrate the outcomes of the programme of learning, experience of working with patients with serious mental illnesses is essential.

The specific requirements for individual learners will be determined by their own development needs and the available opportunities. The curriculum outcomes have been designed to allow flexible achievement using a broad range of educational and vocational opportunities.

Pharmacists will need exposure to working as part of the multiprofessional teams delivering mental health care, and to other members of the pharmacy team. They will need the opportunity to further develop their existing diagnostic, clinical and pharmaceutical knowledge and skills to provide autonomous care to those with complex needs.

The nature of the learning experiences will depend on the work setting they may include directed study, self-directed study, study days (virtual or face to face) and learning in practice.

Suggested learning experiences include, but are not limited to:

- Practice supervision with other clinicians, exposure to a breadth of practice with active participation to support development of clinical skills and competencies.
- Regular use of supervised learning events (see section 6.3) in the workplace gathering feedback from a range of experienced clinicians and reflecting on own decisions with support from practice supervisors, simulation and peer review.
- Active participation in activities to develop clinical decision-making skills such as observing and questioning experienced clinicians on their decision-making process.
- Educational programmes and courses to support the development of relevant clinical and assessment skills.
- Practice supervision and exposure to practice, in services that will be referred to during routine work.
- Observation and active participation in ward rounds as well as other related clinical situations (outreach teams, post-discharge follow-up, best interest meetings).
- Active participation in inter-professional learning sessions including simulation.

- Peer and mentor discussions around learning from practice and experience e.g. case based discussions, problem-based learning, team-based learning.

5.3. What supervision and support structures should be in place?

Pharmacists working towards advanced credentialing in mental health will need support from a range of people to effectively and robustly demonstrate their capability against the curriculum outcomes. This may be in addition to, or integrated with, the support they are receiving to work towards the broader RPS core advanced curriculum.

Three broad types of support are recommended. These roles are not mandatory, but are strongly recommended:

Educational supervisor
Practice supervisor
Mentor

While these roles are distinct, it is possible, in some work settings or smaller organisations, that one person may take on two or even all three roles. If this occurs, it is important to define the discrete roles and responsibilities. It is also possible that one role, in particular mentorship, may be provided by more than one person (e.g. domain specific, or for a fixed project or period of time).

It is advised that the pharmacist has regular scheduled meetings with their educational supervisor and other supervisors and mentors. These meetings should support the pharmacist to construct an individualised training and development plan based on the curriculum outcomes. Meetings may be carried out remotely. The pharmacist will need to ensure they act as a link between their educational supervisor and anyone else who providing supervision or mentorship.

All those involved in supporting the pharmacist should be familiar with the programme of learning, the educational approach and the assessment processes of this curriculum.

Individuals undertaking these support roles:
- May be based outside the pharmacist's organisation
- Do not need to be pharmacists and may be drawn from other professions or areas of expertise.
- Do not need to be members of the RPS or CMHP.
- Should demonstrate cultural effectiveness and take active steps to promote equality and diversity, address any issues which may lead to differential attainment, and promote an inclusive culture and learning environment for all.
- Should provide high quality, supportive and constructive feedback which is essential for the professional development of the pharmacist, and when combined with self-reflection, promotes deeper learning.
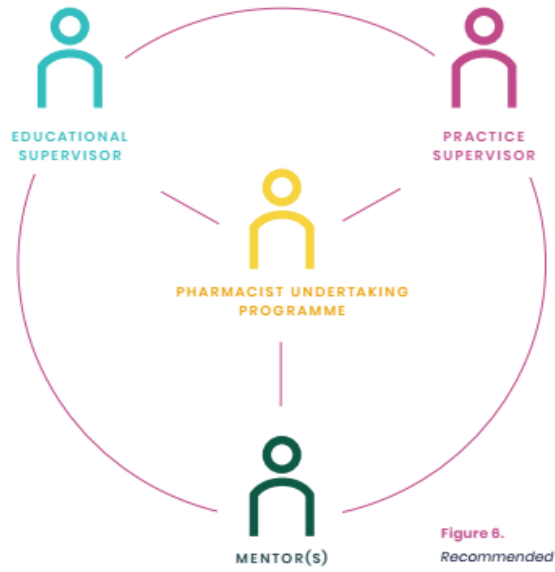
Figure 5. Recommended support structure

Further information on these roles can be found in the RPS Core Advanced curriculum.
Information about mental health specific mentoring and support can be found here:
https://www.cmhp.org.uk/expertise/credentialing/

Section 6 – The programme of assessment

6.1. What is the purpose of the programme of assessment?

The purpose of the programme of assessment is to:

- Provide a comparable assessment for all advanced pharmacists in mental health across different care and geographical settings.
- Assess individuals' performance in the workplace against the curriculum outcomes.
- Enhance learning through multiple assessments (at 'low stakes'), enabling individuals to receive immediate feedback in order to understand their own performance and identify areas for development.
- Drive the learning process by clarifying what is required of individuals and motivating them to ensure they receive suitable training, supervision, and experience.
- Demonstrate that learners have acquired the knowledge, skills and behaviours required to meet the curriculum outcomes and provide safe and effective mental health care to people at an advanced level.
- Demonstrate learners have had the appropriate experience to meet the curriculum outcomes.

Further information on this programmatic approach to assessment can be found in the RPS Core Advanced curriculum.

The assessment of the supplementary advanced specialist mental health outcomes described in this curriculum may be undertaken at the same time as, or separately to, those in the RPS Core Advanced curriculum.

6.2. What is a supervised learning event?

Supervised learning events provide an important opportunity for authentic learning and development in the workplace and are used successfully within other healthcare disciplines. All supervised learning events undertaken as part of this programme should involve a formative aspect ensuring the pharmacist receives immediate high-quality feedback, allowing them to reflect on their own performance and identify areas for development against the outcomes. It is not possible to pass or fail a supervised learning event, but they will be reviewed as part of the final summative assessment to determine if the individual has met the curriculum outcomes. Most encounters experienced in day to day practice can provide an opportunity for reflection and/or feedback and this process should, as a rule of thumb, occur weekly. Learners will obtain most benefit from undertaking supervised learning events if they receive feedback from a variety of different people, including the multidisciplinary team.

Supervised learning events do not necessarily need to take place in person and may be undertaken remotely using digital technologies if this is possible and appropriate to the educational context. All assessments must be undertaken in line with information governance principles, ensuring patient confidentiality is always maintained.

6.3. What supervised learning event tools will be available to assess learners in practice on the e-portfolio?

A range of tools are provided in the advanced pharmacist mental health e-portfolio. These mirror those available for the RPS core advanced programme.

Pharmacists, their supervisors and collaborators can use these tools to record learning and demonstrate progress towards the outcomes. All the supervised learning event tools below have been selected to sample highly integrated skills and outcomes at the top of all learning taxonomies and provide feedback on the learner's performance in practice. **Individuals are not expected to use all of the tools.** Some tools lend themselves better to particular working environments or using remote technology.

Where the learner uses approved remote technology to record video or telephone consultations for the purpose of a supervised learning event, the recording should not be stored within the e-portfolio to maintain confidentiality; and the learner / supervisor should follow local guidance for gaining consent and managing the audio or visual recordings (e.g. security, confidentiality, storage, disposal).

Assessment tool	Description
Direct observation supervised learning events	
Acute Care Assessment Tool (ACAT)	Evaluates the individual's clinical assessment and management, decision making, team working, time management, record keeping prioritisation and handover over a continuous period of time across multiple patients. Can be used in all sectors.
Case Presentation (CP)	Evaluates the individual's ability to orally present a case to colleagues.
Direct Observation of Non-Clinical Skills (DONCS)	Evaluates the individual's non-clinical skills.
Direct Observation of Practical Skills (DOPS)	Evaluates the individual's ability to undertake a practical procedure.
Journal Club Presentation (JCP)	Evaluates the individual's ability to present at a Journal Club.
Mini-Clinical Evaluation Exercise (mini-CEX)	Evaluates a global clinical encounter with a patient and assesses the synthesis of essential information for clinical care such as history taking, communication, examination and clinical reasoning.
Teaching Observation (TO)	Evaluates the individual's ability to deliver an effective learning experience to others.
Indirect observation supervised learning events	
Case Based Discussion (CbD)	Retrospectively evaluates the individual's input into patient care. A structured discussion is undertaken remotely from the patient and is used to explore clinical reasoning, decision making and application of clinical knowledge in practice
Leadership Assessment Skills (LEADER)	Evaluates the individual's leadership and teamworking capabilities.

Quality Improvement Project Assessment Tool (QIPAT)	Evaluates the individual's ability to undertake a quality improvement project.
Other tools	
Educational Supervisor Report	Educational supervisor records a longitudinal, global report on an individuals' progress based on a range of assessments.
Mentor Report	Captures the views of the individual's mentor(s) based on observation of an individual's performance and evidence across the different domains of practice.
Multi-source Feedback (MSF)	Evaluates the individual's performance using feedback from colleagues
Patient & carer survey (PS)	Evaluates the individual's communication and consultation skills from the patient and/or carer perspective
Patient & carer survey Reflection (PSR)	Allows the individual to reflect on the feedback received through patient/carer surveys
Reflective Account (RA)	Flexible tool for individuals to document reflection and learning from a wide range of settings

6.4. What other evidence types can be used in addition to supervised learning events?

Evidence types additional to supervised learning events may also be required to demonstrate achievement of the curriculum outcomes. The individual undertaking this programme is free to upload any evidence type they feel demonstrates achievement of the curriculum outcomes.

6.5. What are the evidence requirements for the final RPS & CMHP assessment?

These are described in detail in the **assessment blueprint** in **section 6.9**

For some of the outcomes, it may be necessary for the learner to be directly observed in practice (this may include the use of remote technology to facilitate this).

Where demonstration of performance in practice is required, supervised learning events including multi-source feedback are likely to form the highest quality of evidence upon which a competence committee can base their judgement.

A minimum of **three pieces** of discrete evidence mapped to each outcome is suggested. It is important to prioritise high-quality evidence across a breadth of clinical and non-clinical encounters rather than the quantity of assessments completed. The number of pieces of evidence mapped to an outcome will depend on the individual being assessed, their area of clinical practice, the stakes rating of the outcome and the range and breadth of the evidence presented. Individuals should review the outcome descriptors to ensure their evidence is relevant and in line with the level of performance described.

The **assessment blueprint** shows the recommended assessment tools for each outcome; it is the individual's discretion as to which assessment tool they choose to evidence each

outcome. It is **not** expected for the individual to use all the potential tools for each outcome – these are provided as guidance.

6.6. Is there a requirement for reflective practice?

Evidence of reflective practice should flow longitudinally through the evidence. It should contextualise the evidence presented against the curriculum outcome and describe the pharmacist's individual role in delivering any outputs in the portfolio. Where possible, reflective accounts should be supplemented with other corroborative/validating evidence supporting the reflections. It is recognised that it may not always be possible to undertake contemporaneous reflection if some time has elapsed since the learning event; if this is the case, examples of retrospective reflection are equally acceptable.

6.7. What are the outcome stakes ratings and what do these mean in terms of evidence requirements?

In line with the programmatic assessment approach, each outcome has been given a stakes rating of either **H**igh, **M**edium or **L**ow based on their potential risk to patient safety.

The depth and breadth of evidence in the e-portfolio should be proportionate to its stakes to inform robust decisions involving patient safety i.e. the higher the stakes rating for an outcome, the more evidence of learning should be mapped to that outcome. Individuals are therefore advised to ensure those outcomes stated as high stakes are supported by as wide a range of robust evidence as possible.

The stakes rating does not relate to the importance of the outcome. All of the curriculum outcomes should be considered as equally important in terms of demonstrating advanced level practice and **all outcomes must be achieved in the programme of assessment to be credentialed**.

6.8. What will the e-portfolio include?

Pharmacists will be granted access to the RPS advanced pharmacist mental health e-portfolio module to record and compile their learning and assessment evidence against the specialist outcomes in this curriculum. This will be a supplementary module to the RPS core advanced e-portfolio. The pharmacist will be able to invite collaborators to provide feedback by generating ticketed supervised learning events. Educational supervisors, practice supervisors and mentors will be given access to the RPS e-portfolio to undertake supervised learning events, record feedback and critically review evidence submitted against the outcomes. Individuals will also be able to record the outcomes of their meetings with their educational supervisor and mentors using the relevant report templates and develop action plans to inform next steps.

6.9. Assessment blueprint

The table shows the possible methods of assessment for each outcome. It is not expected that every assessment tool will be used will be used for each of the outcomes and additional evidence may be used.

	SPECIALIST OUTCOMES	STAKES	ACAT	DONCs	DOPS	mini-CEX	CbD	CP	MSF	MR / ESR	RA	TO	MANDATORY EVIDENCE REQUIREMENTS[2]
MH 1.1	Communicates effectively with people receiving care and colleagues when delivering holistic care including pharmaceutical care to people with highly complex mental health needs	HIGH	✓		✓	✓			✓	✓	✓		Direct Observation[1] See Mandatory evidence requirements[2]
MH 1.2	Views people holistically and keeps the person at the centre of their approach to care, respecting their autonomy including in situations where their capacity or insight may be reduced	HIGH	✓		✓	✓	✓	✓		✓	✓		Direct Observation[1] See Mandatory evidence requirements[2]
MH 2.1	Delivers care using advanced mental health knowledge and skills, for individuals or groups with highly complex mental health needs including where evidence is limited or ambiguous	HIGH	✓		✓	✓	✓	✓		✓	✓		Direct Observation[1] See Mandatory evidence requirements[2]
MH 2.2	Undertakes a holistic clinical review of individuals with complex mental health needs, using a range of assessment methods, appropriately adapting assessments and communication style based on the individual	HIGH			✓	✓				✓	✓		Direct Observation[1] See Mandatory evidence requirements[2] Mandatory clinical assessment skill evidence[3]
MH 2.3	Can utilise advanced clinical knowledge and skills in the management of mental health conditions	HIGH	✓		✓	✓	✓	✓	✓	✓	✓		See Mandatory evidence requirements[2]

[1]**Direct observations**	Pharmacist must be directly observed undertaking activities to meet this outcome (this can be done remotely)
[2]**Mandatory evidence requirements**	The evidence submitted for these outcomes must demonstrate in-depth application of knowledge across the breadth of the knowledge guide (Section 4). For **each outcome** it is **recommended** that a minimum of six cases/scenarios are evidenced from across the knowledge guide using a mixture of direct and indirect supervised learning events and reflections, including the following evidence type: MH 1.1: - Evidence from direct observation - Six MSFs from at least three different situations - A reflective account (approximately 250 words)

	- Three examples of patient and friends/family/carer feedback (format not specified) MH 1.2: - Evidence from direct observation - A reflective account (approximately 250 words) MH 2.1: - Evidence from direct observation in at least three different mental health disease areas - A reflective account (approximately 250 words) MH 2.2: - Evidence from direct observation MH 2.3: - Evidence from direct observation in at least three different mental health disease areas
[3]**Mandatory clinical assessment skills**	Must include evidence of proficiency in using the following clinical assessment tools: • Psychotropic medicine side effect monitoring scale (e.g. GASS) • Detoxification monitoring scale (e.g. CIWA, COWS) • Mental state examination appropriate to the area of practice • Medication history taking The minimum level for each clinical assessment skill is: 'Able to perform the procedure with limited supervision / assistance'.

6.10. How should pharmacists receive high quality feedback when working towards the curriculum outcomes?

Assessment **for** learning (*formative* assessment) = **Supervised learning event**
Assessment **of** learning (*summative* assessment) = **Assessment of performance**

The provision of high-quality formative feedback to inform learning is essential to effective programmatic assessment. The individual undertaking the programme should receive regular formative feedback from a wide range of sources, including from, but not limited to, the following people:

- Collaborators observing the individual whilst undertaking supervised learning events.
- Colleagues from both within and outside of their organisation.
- Colleagues from the wider pharmacy team.
- Colleagues from the wider multidisciplinary team.
- Both peers and more senior individuals.
- Patients/carers.

Formative assessment opportunities through the supervised learning events should encourage individuals working towards advanced level practice to reflect on their practice and learning needs. It is expected that the final portfolio will contain evidence of formative feedback from a range of sources with evidenced progression as a result of this feedback.

Individuals should also receive formal formative feedback at their regular review meetings with their mentors and educational supervisor. This feedback should be more general and relate to intermediate decisions about their overall progress towards achieving the outcomes across a particular domain or across the curriculum as a whole. This feedback should be captured in the mentor and educational supervisor reports.

Regular review meetings with mentors and the educational supervisors will identify individuals who are struggling to make the expected progress against the outcomes. This may result from poor performance in the workplace, extended absence from practice or other issues which prevent the individual experiencing sufficient learning and development opportunities. Supported by their mentors and educational supervisor, the individual should identify when this is the case to enable the required support to be put in place as soon as possible. Any individual completing this programme should always be encouraged to work with their mentors, supervisor(s) and employer to resolve any issues affecting progress or performance in the first instance.

6.11. How does the final credentialing assessment work?

When an individual submits their advanced pharmacist mental health e-portfolio for assessment a competence committee will review the portfolio evidence to assess the pharmacist candidate has met the minimum level of performance to be credentialed.

To be credentialed as an advanced pharmacist in mental health, the candidate will need to:

- Meet the standard for all domains of the RPS Core Advanced curriculum
- AND
- Meet the standard for all domains of this mental health curriculum

Achieving the specialist outcomes in this mental health curriculum alone will not confer advanced level practice, these are designed to supplement the core advanced outcomes.

The summative portfolio assessment

Advanced Pharmacist Competency Committees (APCCs) are based on the concept of clinical competency committees which are recognised in the literature as an effective approach to reaching final decisions on individuals' progression through a programmatic approach to learning and assessment.

APCC assessors will independently undertake a holistic review of the individual's portfolio content including, but not limited to, supervised learning event feedback, patient surveys, multi-source feedback, other evidence formats, action plans and reflective accounts. The APCC will then have a group meeting. They will be looking for evidence of output, reflection and corroboration against the curriculum outcomes discussion to agree if the curriculum outcomes under assessment have been met. This may be both the core and specialist outcomes in a single assessment or the separate assessment of the specialist outcomes.

The evidence will be assessed directly against the curriculum outcomes, using the descriptors to guide the assessment only. There will be no additional marking scheme or framework. The number of outcomes assessed will depend on whether the candidate is submitting for core and specialist credentialing simultaneously or separately.

For pharmacists who are submitting the two mental health domains in addition to the five core advanced domains, the APCC will consist of at least three panel members fulfilling the following roles:

- Two advanced pharmacists in mental health
- A pharmacist with appropriate research expertise.
- A pharmacist with appropriate educational expertise.

Each assessors will review the portfolio and make a judgement as to whether the candidate has met the standard for each of the two mental health domains and the five core advanced domains.

For a pharmacist who has already credentialed as 'Core Advanced' and is submitting the two mental health domains alone, the assessment will be undertaken by an APCC which will consist of at least two panel members fulfilling the following roles:

- Two advanced pharmacists in mental health.

Each of the assessors will review the portfolio and make a judgement as to whether the candidate has met the standard for each of the two mental health domains. If the two assessors reach a different decision, a review meeting will be held. If a consensus is not reached from the review meeting, then the portfolio will be reviewed by a third assessor.

APCCs will be chaired by a trained chair who will likely be one of the assessors above. If not, it will be a trained independent chair.

The potential domain outcomes are as follows:

Standard met – the individual has provided satisfactory evidence to demonstrate achievement of all the specialist mental health advanced pharmacist curriculum outcomes under assessment.

Standard not met – the individual has not provided satisfactory evidence to demonstrate achievement of all the specialist mental health advanced pharmacist curriculum outcomes

under assessment. Clear feedback will be provided as to which outcomes have not been met and why and the individual will need to be reassessed in one or more domains of the curriculum. The individual will not be required to resubmit evidence for those domains where the APCC agreed all the outcomes in that domain had been met.

Insufficient evidence – While some of the evidence provided indicated that the individual may be practising at the expected level, the gaps in the evidence were such that the committee was unable to confidently conclude the domain had been fully achieved. The individual will be required to resubmit for reassessment of the domain(s) where there was insufficient evidence provided. The individual will not be required to resubmit evidence for those domains where the APCC agreed all the outcomes in that domain had been met.

All candidates will receive formative feedback on their submission regardless of the final outcome of the assessment.

6.12. What is the award for credentialling?
Candidates who meet the above criteria will be credentialed as an advanced pharmacist in mental health.

Credentialed RPS members and fellows will be eligible to use the modified membership post-nominals: MRPharmS (Advanced) or FRPharmS (Advanced).

Credentialed CMHP members will be eligible to use the CMHP modified membership post-nominals: MCMHP For further details refer to the CMHP website.

6.13. How is the final credentialing assessment quality assured?

Quality assurance mechanisms are in place to ensure the continued quality of the programme of assessment to ensure assessment outcomes are fair and valid. These include:

- The provision of detailed guidance for those undertaking the programme as well as other stakeholders involved in their learning to ensure transparency in the expected standard and assessment process.
- All those undertaking the programme, including those submitting for the assessment, will be invited to provide feedback on their experience to inform future improvement.
- Learner performance and assessment outcome data will be subjected to psychometric analysis which will be reviewed regularly by RPS Advanced Pharmacist Assessment Panel, the RPS Education & Standards Committee and the CMHP Council. These governance structures are responsible for reviewing longitudinal performance trends.
- Guidance and training are provided to supervisors and collaborators to ensure they understand their roles and responsibilities and to improve the quality of the support and feedback provided during the programme.
- Robust operational processes are in place to ensure consistency and fairness in the running of the APCCs.
- Members of the APCC pool will be subjected to mandatory training prior to reviewing live portfolios.
- Members of the APCC pool will be asked to declare any potential conflicts of interest with candidates to ensure an independent and fair assessment.
- The programme of assessment will be independently reviewed by an assessment expert after its first year to ensure it is valid and fit for purpose. The curriculum,

including the programme of assessment, will also be subject to regular review by the subcommittee of the Advanced Pharmacist Assessment Panel to ensure it remains relevant to practice.

- A transparent appeals process will be available to individuals undergoing assessment if they believe their outcome has been affected by procedural or administrative irregularities.

6.14. How is prior certified learning recognised?

The RPS and CMHP considers accreditation of prior certified learning by applying the following principles:

- APCL will not be awarded for high-stakes outcomes. All individuals undertaking the programme will have to demonstrate achievement of all high stakes outcomes through this curriculum's programme of assessment.
- APCL may be awarded to exempt individuals from being assessed against medium-stakes and low-stakes outcomes
- All APCL requests must be relevant, authentic and valid
- All APCL requests must be at the equivalent level of performance as described in this curriculum's programme of learning
- Patient safety must never be compromised.

As all the outcomes in this specialist curriculum are high-stakes, there will be no APCL awarded against this curriculum. All curriculum outcomes will need to be demonstrated through the portfolio assessment at point of credentialing.

6.15. What exemptions will be offered to candidates who have previously completed CMHP Credentialling?

Candidates who completed CMHP credentialing will be grand-parented against the specialist outcomes in this curriculum. They will be required, however, to be awarded the RPS core advanced credential to be eligible to be credentialed as an advanced specialist mental health pharmacist.

6.16. How do we ensure the final credentialing assessment will be inclusive and any potential bias will be mitigated?

The RPS and CMHP are committed to developing and delivering inclusive assessments which allow any individual to demonstrate the curriculum outcomes without bias.

In addition to the measures outlined in section 3.2, the RPS and CMHP have a number of measures in place to mitigate bias and discrimination against learners with protected characteristics. These include:

- Promoting inclusivity and diversity in our assessment governance structures to ensure their membership mirrors the diversity of those undertaking the assessment programmes.
- Ensuring assessment panels have undertaken mandatory training, including around conscious and unconscious bias.

- Tasking our assessment panels and overarching quality governance board with monitoring and addressing differential attainment in our assessment programmes.
- Collating and transparently publishing equality and diversity data related to assessment performance.
- Providing clear reasonable adjustment processes for anyone undertaking the assessment who requires them on the grounds of a disability.