

## **CMHP Foundation Certificate Requirements**

To be eligible to apply, you MUST have completed at least TWO of the courses listed below within the last 3 years (one of which MUST be Psych 1 OR Psych 2)

- Psych1
- Psych 2
- Any of the BAP clinical certificate modules
- The RCGP part 1 in Drugs or Alcohol part 1 certificates (via Spectrum L&D),

## **CMHP Foundation Certificate Outcomes**

To complete the foundation level certificate a pharmacist or pharmacy technician will be expected to:

- Demonstrate a broad knowledge of the following mental health illnesses including basic background to the disorder, main presenting symptoms, pharmacological and non-pharmacological treatments and monitoring:
  - Schizophrenia
  - Bipolar affective disorder
  - Depression
  - Anxiety
- Have experience of providing pharmacy services to patients experiencing acute and chronic mental health illnesses
- Demonstrate how they have positively impacted on the care of patients with a mental health illness
- Demonstrate appropriate consultation skills when dealing with patients with a mental health illness
- Demonstrate a basic understanding of issues around consent and capacity (including other Mental Health legislation if relevant), and how it relates to the use of medication
- Evidence their own continuing professional development around mental health pharmacy practice and how this has been used to support patient care and sharing learning

## **Preparing for your CMHP Foundation Certificate Viva**

A viva is an oral test for you to demonstrate your knowledge. The CMHP foundation Certificate Viva will consist of three components

- Your prepared case discussion
- An unseen case
- General questions about your role and how you have used your learning

It is expected that the viva will take around 45 mins to complete.

## **Preparing for your CMHP Foundation Certificate case discussion**

For the Foundation Certificate viva you are expected to bring a prepared case discussion to present, with time for follow up questions.

This document is intended to give you guidance on preparing your case discussion.

## **Topic**

The case discussion must include medicines management and/or optimisation involving pharmacological treatment of one of the following conditions:

- Schizophrenia
- Depression
- Anxiety Disorders
- Bipolar Affective Disorder
- Dementias
- Addictions
- Specialist areas relevant to your current job role (e.g. Intellectual Disabilities, Perinatal, CAMHS)

Within your case you should refer to any legal considerations, if applicable (e.g., Mental Health Act, Mental Capacity Act).

## **Intervention**

Your case should be one where there was a significant intervention provided **by you**.

Significant interventions are examples of when your practice has made a significant impact on patient care at a particular point in time. This may be around choice of medication, recognising or managing side effects, adherence, or patient satisfaction with their medication. Significant interventions will usually have improved the quality of patient care or prevented patient harm.

Examples include

- A consultation with a patient where they disclosed information that enabled you to improve their care (e.g. adherence issues, knowledge or understanding of their medication, adverse effects, medicines bought over the counter or herbal medicine interactions)
- A medication error which was recognised and managed
- Supporting effective management of patients with a mental illness and co-morbid physical health illness (e.g. appropriate monitoring, appropriate choice of medication, managing interactions)
- Supporting effective monitoring

## **Format of the case presentation**

The following are suggested headings to help format your case discussion presentation for patient specific cases.

- Title
- Relevant Case History e.g.:
  - Patient demographic characteristics – e.g. age, gender, ethnicity
  - Presenting complaint – i.e. what was the reason they were referred to you, your team or service
  - History of Presenting complaint – How did the patient end up being referred, is this a new or chronic issue.
  - Previous medical history – do they have any other conditions
  - Medication History – Current medication and any past medicines they have tried relevant to the case
  - Family / Social History

- Physical Observations / Pathology – any blood tests or monitoring that has been undertaken
- Highlight key medicines related issues **you** identified for this case
- State appropriate monitoring recommendations
- Intervention Details
  - Outline your medication related intervention(s) in this case
  - Describe how you applied the knowledge learnt in the courses you have undertaken (e.g. Psych 1, Psych 2, BAP clinical module or RCGP Drug and Alcohol Certificate)
  - Outline consultation requirements for the patient
  - State the outcome of your intervention

The case should be presented on PowerPoint slides, please keep to a maximum of 5 slides (excluding title and references) only covering the key information relevant to your case and your specific intervention(s). The slides will be requested to be sent to the Registrar at least one calendar week before the viva.

You will have 10 minutes to present your case and up to 5 minutes for questions. The case will be marked out of 30 as follows:

- Background to the case (4 marks)
- Identification of intervention (4 marks)
- Application of knowledge or learning (2 mark)
- Appropriate consultation skills (4 marks)
- Management of Intervention (10 marks)
- Outcome and follow up (6 marks)

The pass mark will be 20/30

## **Preparing for your CMHP Foundation Certificate unseen case**

The unseen case will involve a case study being presented with some short questions about it. You will be given ten minutes to prepare for the case and you can access general reference sources including the BNF, Maudsley Guidelines, and Psychotropic Drug Directory during that time. You will then be asked to talk the panel through your answers.

The cases will include questions around the mental health condition, medicines optimisation and monitoring of one or more of the following conditions:

- Schizophrenia
- Depression
- Anxiety Disorders
- Bipolar Affective Disorder

Information asked within the case will be at the level covered within the CMHP Psych 1 course.

### **Example of an unseen case - PHARMACIST**

Patient B is a 45 year old female who has been low in mood for the last 2 months, she has no energy, only sleeping 2 hours at night, and is not enjoying her normal social activities such as going out with friends. She is currently prescribed sertraline 100mg OM which was increased 4 weeks ago from 50mg OM.

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1. What else might need to be investigated for this patient before diagnosing depression? (2 marks)
2. What would your recommendation for treatment be (including non-pharmacological options, monitoring requirements and any associated evidence base)? (5 marks)
3. What points would you cover when undertaking a consultation with the patient about their treatment and follow up? (3 marks)

Total 10 marks, Pass mark 6/10

**Example of an unseen case – PHARMACY TECHNICIAN**

Patient B is a 45 year old female who has been low in mood for the last 2 months, she has no energy, only sleeping 2 hours at night, and is not enjoying her normal social activities such as going out with friends. She is currently prescribed sertraline 100mg OM which was increased 4 weeks ago from 50mg OM.

1. What are the symptoms of depression that this patient has? (2 marks)
2. What medicines optimisation issues need to be considered for this patient? (5 marks)
3. What would you advise the patient about their medication? (3 marks)

Total 10 marks, Pass mark 6/10