

# Advanced Practice Mental Health Curriculum and Capabilities Framework



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## Executive summary

The value of advanced clinical practice in the delivery of mental healthcare has long been recognised as occupying a unique space in holistic patient care. This *Advanced Practice Mental Health Curriculum and Capabilities Framework* is aimed at clearly setting out both the capabilities required to achieve advanced practitioner level practice, and the route to enable it.

As part of a wider drive to respond to the need to invest in the development of new roles and advanced skills – both in the wider NHS and in mental health – that is recognised in recent and current Government policy, this Framework will be contributory to both service transformation and excellence in care outcomes.

In line with the *NHS Long Term Plan* and *We are the NHS: People Plan for 2020/21*, it is based on an ambitious agenda that aims to boost the further development of advanced practice roles, across professional groups in all mental healthcare delivery settings, including primary and community services. The key driver is to enable practitioners to practise to their full potential and to optimise their contribution to meeting individual, family and carer needs through different models of service delivery and multidisciplinary working.

The curriculum is designed to ensure it has the flexibility to meet service needs in partnership with meeting individual learning needs, enabling Higher Education Institutions and clinically-based supervisors to plan their learning and teaching strategies, thus maximising educational opportunities in academic and clinical settings.

In turn, the advanced practice trainee can develop their knowledge and skills to progress their clinical competence, engaging with a variety of learning methods during practice-based learning, formal teaching and learning opportunities, and self-directed learning.

Citing of a broad range of assessment methodologies, the Framework encourages a tailored approach that can be freely matched to learner and also service needs, thus ensuring that flexible approaches can be adopted in each situation.

As this is the first time such a national framework has been developed to apply to advanced clinical practice, I am confident that this long-awaited innovatory tool will prove to be of use to health and social care professionals, service developers, educators and training providers and, most importantly, people in mental health, with lived experience of mental health conditions, their carers and supporters.



Professor Mark Radford  
Chief Nurse, Health Education England

## Introduction

Borne out of a belief that good healthcare should be available to all, the NHS ultimately depends on the people working within it to deliver optimum levels of care that is enabled by the need to have the right number of people, with the highest levels of skill and compassion.

As set out in the [NHS Long Term Plan](#) (LTP), and subsequent [We are the NHS: People Plan for 2020/21](#) (PP), investing in the education and training of the workforce is central to enabling the ongoing development of improved care delivery and service transformation to meet the changing needs of the population. Integral to this is acknowledging the need for generalist and advanced clinical skills.

Building Health Education England's (HEE) 2017 *Multi-professional framework for advanced clinical practice in England*, this *Advanced Practice Mental Health Curriculum and Capabilities Framework* articulates the specific educational and capabilities requirements for multi-professional advanced level practice in mental health. It sets out the capabilities expected of mental health practitioners working at advanced level across the four practice pillars, and also describes the educational and support requirements for an educational pathway.

It has been a privilege to work with a multitude of experts in bringing this document together. We are grateful for contributions from numerous professional bodies, organisations, groups and individuals. The shared expertise, insight, judgement and tenacity have been invaluable in building and developing the consensus required in order to publish this document.

Dr Gwyn Grout and Dr Paul Rowlands  
Project Leads



Dr Gwyn Grout



Dr Paul Rowlands

“Receiving any service in the NHS can be both supportive and scary in equal measure. We are all vulnerable at times of need and our fears can compound, mask and skew the care and support we truly need. Dedicated professionals are the people that can deliver this person-centred care, but for too long the main pathways for development were away from direct patient care. It's been refreshing to support this framework to allow skills and knowledge based on patient needs to enable new learning and professional growth, for even better patient care and outcomes.”

**Phil Hough, carer**

“I've been treated and supported by lots of people in different roles in the NHS, but, for me, the most important thing for me is that the person has the best skills, knowledge, competencies and values to deliver the care that I need, to support me at times of crisis and beyond into recovery. We both support this programme and welcome the chance to have greater advanced skills in the mental health workforce. Working alongside patients, this can only lead to better experiences and a more positive impact on people's journeys in mental health services.”

**Simon Hough, service user**

## Purpose

This Framework is part of a wider drive to respond to the need to invest in the development of new roles and advanced skills – both in the wider NHS and in mental health – that is recognised in both past, recent and current Government policy as being contributory to service transformation through enabling:

- Health and social care professionals working at, or towards, an advanced practice level, to evidence the underpinning capabilities required.
- Service developers to stimulate discussion about how advanced clinical practice can contribute to service transformation.
- Educators and training providers to provide education and training opportunities.
- People with lived experience of mental health problems, to understand what advanced clinical practice is.

Through the setting out of the core capabilities for mental health practitioners, the Framework sets the standard for the system with regards to safe and effective advanced practice. It also allows for the local context to be considered in the implementation and application of the Framework, recognising that there may be further capabilities required for specific practice areas, although it is important to note that it does not define all aspects of advanced practice in mental health.

## Context

The development of this curriculum has been driven by NHS workforce needs required to respond to change, and thus ensure high-quality care that is safe, effective and focused on people's experience.

In line with the LTP and PP, it sets out an ambitious agenda that aims to boost the further development of advanced practice roles, across professional groups in all mental health care delivery settings including primary and community services. The key driver is to enable practitioners to practice to their full potential and to optimise their contribution to meeting population, individual, family and carer needs through different models of service delivery and multidisciplinary working. The Council of Deans of Health (2018) describes advanced clinical practitioners (ACPs) as:

*“ ... experienced clinicians who demonstrate expertise in their scope of practice. Advanced clinical practitioners manage defined episodes of clinical care independently, from beginning to end, providing care and treatment from the time an individual first presents through to the end of the episode, which may include admission, referral or discharge or care at home. They carry out their full range of duties in relation to individuals' physical and mental healthcare and in acute, primary, urgent and emergency settings (including hospitals, general practice, individuals' homes, schools and prisons, and in the public, independent, private and charity sectors). They combine expert clinical skills with research, education and clinical leadership within their scope of practice. Advanced clinical practitioners work innovatively on a one to one basis with individuals as well as part of a wider team. They work as part of the wider health and social care team and across traditional professional boundaries in health and social care.”*

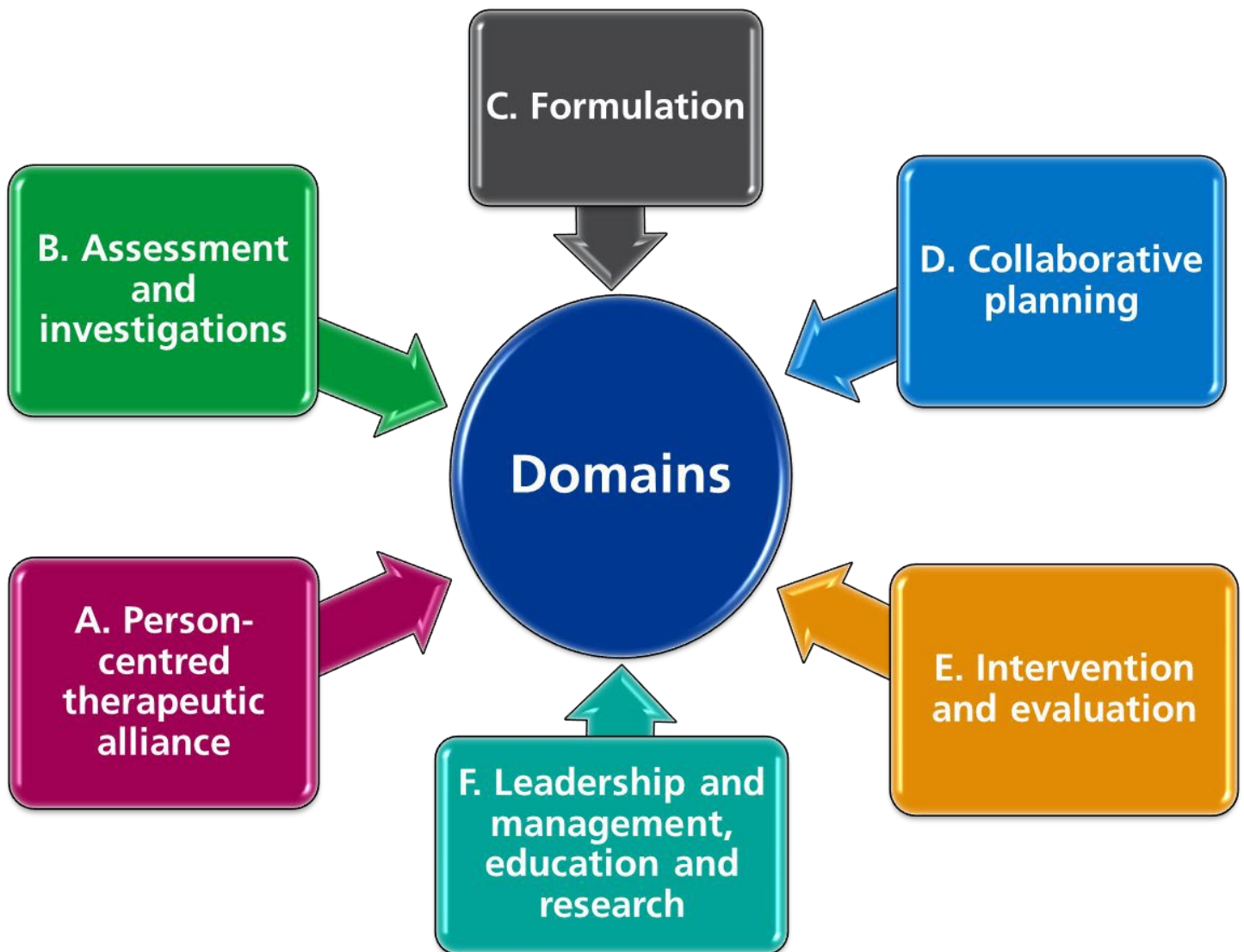
## The curriculum framework

This curriculum defines the capabilities required for Advanced Practice – Mental Health (AP-MH). The generic capabilities identified within the curriculum map across the four pillars of advanced practice, as defined in HEE's 2017 *Multi-professional framework for advanced clinical practice in England*, namely:

Clinical practice; Leadership and management; Education; Research.

The core AP-MH capabilities are in addition to the generic capabilities for all advanced clinical practitioners.

The capabilities are presented under six domains:



Each of the domains interrelate to produce the overall capability of the Framework, resulting in a considerable number of the capabilities crossing different domains.

As previously noted, as this Framework provides core capabilities, it will not define all aspects of AP-MH so there may be further capability required for discrete specialisms, e.g. (but not limited to) psychologically informed intervention, child and adolescent mental health, and substance use.

The broad overarching learning outcomes must be applied to each individual's sphere of practice to ensure relevance and appropriate competence.

Please note that the capabilities required to undertake the role of the Responsible Clinician sit outside this Framework.

## Programme entry criteria

An essential component is that the practitioner must hold current registration with their appropriate professional regulatory body at the start of, and throughout, their training.

## Programme structure

The core curriculum covers the knowledge, skills and behaviours necessary to work at the level required for AP-MH.

It is anticipated that all AP-MH trainees will be undertaking a level 7 study (Masters level) in advanced practice, or equivalent, which will have integrated the pillars of advanced practice and must include a comorbidity/mental health focus within modules on:

- history taking and clinical examination; and
- clinical decision making.

It is recognised that the educational preparation in advanced practice will vary between higher education institutes.

The level of practice for AP-MH requires generic and specialty knowledge, skills, behaviours and procedural skills to work with patients with a wide range of presentations without supervision. It involves development of competence in diagnostic reasoning, managing uncertainty, dealing with comorbidities and recognising when another specialty opinion or care is required, as well as developing technical skills in the areas and to the level described in the curriculum.

AP-MH training is an integration of both academic and experiential learning with the completion of a Master's degree or equivalent. It is an outcome-based curriculum and will normally be completed in three to five years for individuals in a full-time training role.

The AP-MH training would normally be expected to take a *minimum* of two years based on whole-time equivalence (37.5 hours a week, including academic study time). The AP-MH trainee should have a significant amount of experience when they start in the role and will come from a regulated professional healthcare background. It will be the responsibility of the trainee to demonstrate current evidence of capability over a period of three to five years. There will be options for those trainees who demonstrate rapid development in knowledge and acquisition of capabilities to complete training within a reduced timeframe.

Patient safety, risk mitigation and competent practice are essential components for AP-MH and the curriculum has been designed so that patient safety is the first priority. This is demonstrated through safety-critical content, expected levels of performance, critical progression points, required breadth of experience and levels of trainer supervision needed for safe and professional practice. Upon satisfactory completion of training, it is expected that trainees will be able to work safely and competently in a defined area of practice, and manage or mitigate relevant risks effectively.

A feature of the curriculum is that it promotes and encourages excellence through the setting of high-level outcomes, capability levels and tailored assessment and feedback, allowing trainees to progress according to capability. These principles reflect sound educational theory and are utilised throughout health training.

## Curriculum aims

The aim of this curriculum is to support the training of the AP-MH practitioner to deliver high-quality, effective care for people experiencing mental health illnesses/conditions. The curriculum supports the achievement of the following aims:

- Advance the theoretical knowledge and clinical skills of experienced, regulated non-medical practitioners within specific and specialist areas of mental health.
- Develop highly skilled practitioners who can act autonomously in providing care to patients requiring complex assessment and treatment.
- Develop leadership and management skills to support the wider mental health team.
- Disseminate evidence-based knowledge to continually enhance mental health services and person-centred care.
- Advance and contribute to a culture of organisational learning to inspire future and existing staff.



## Curriculum learning outcomes

The curriculum learning outcomes are expressed under the four pillars of advanced clinical practice and aim to enable the practitioner to:

Clinical practice pillar	
1	Work autonomously within professional, ethical codes and legal frameworks, being responsible and accountable for their decisions, actions and omissions at this level of practice.
2	Demonstrate the underpinning psychological, biological and social knowledge required for advanced practice in mental health.
3	Demonstrate comprehensive knowledge of, and skills in, systematic history taking and clinical examination of patients who are culturally diverse and/or have complex needs in challenging circumstances, to develop a co-produced management plan.
4	Utilise clinical reasoning and decision-making skills to make a differential diagnosis and provide rationales for person-management plans, through critically reflecting on and evaluating their own role in relation to challenging traditional practices, new ways of working and the impact upon the multidisciplinary team.
5	Initiate, evaluate and modify a range of interventions, which may include therapies, medicines, lifestyle advice and care.

Leadership and management pillar	
1	Identify, critically evaluate and reformulate understanding of professional boundaries to support new ways of working within the context of organisational and service need.
2	Exercise professional judgement and leadership to effectively promote safety in the presence of complexity and unpredictability.
3	Demonstrate teamworking, leadership, resilience and determination, managing situations that are unfamiliar, complex or unpredictable.

## Education pillar

<b>1</b>	Facilitate collaboration of the wider team to support individual or inter-professional learning and development.
<b>2</b>	Critically assess and address individual learning needs that reflect the breadth of ongoing professional development across the four pillars of advanced clinical practice.
<b>3</b>	Effectively utilise a range of evidence-based educational strategies/interventions to support person-centred care with individuals, their families and carers, and other healthcare colleagues.

## Research pillar

<b>1</b>	Critically appraise and apply the evidence base in influencing engagement, recovery, shared decision making, transference and safeguarding.
<b>2</b>	Develop and implement robust governance systems and systematic documentation processes, keeping the need for modifications under critical review.
<b>3</b>	Demonstrate the application of quality improvement methodologies in improving service.

## Mapping the pillars to the capabilities

HEE (2017) Advanced clinical practice: The four pillars	Domains
Clinical practice	A, B, C, D, E
Leadership and management	D, F
Education	C, D, F
Research	A, E, F

## How the AP-MH curriculum is delivered

The curriculum is designed to ensure it can be applied in a flexible manner; meeting service needs as well as supporting each AP-MH trainee's own learning needs in conjunction with their academic study.

Higher education institutes (HEIs) and supervisors should use this curriculum to plan their learning and teaching strategies to maximise the educational opportunities in the academic and clinical setting. The AP-MH trainee can develop their knowledge and skills to progress their clinical competence, engaging with a variety of learning methods.

Curriculum delivery requires collaboration between HEIs, local service providers and learners. AP-MH practitioners in training will be employed by local service providers who will retain full responsibility for all aspects of clinical governance in the workplace. Successful completion of the curriculum is assessed through demonstration of theoretical knowledge and capability.

## Workplace-based learning

A workplace-based learning approach is the underpinning philosophy of this curriculum, supported by the learning and teaching strategies outlined below. Workplace-based learning will provide the majority of experiential learning opportunities, working with workplace supervisors and/or other experienced clinicians. These settings will provide learning to include liaison with other specialists, working closely with the multidisciplinary team, referral as appropriate, discharge planning and follow-up.

The level of supervision will change in line with the AP-MH trainee's progression through the phases of the curriculum. As training progresses, the AP-MH trainee should have the opportunity for increasing autonomy, consistent with safe and effective care for the patient. Typically, there should be a gradual reduction in the level of supervision required and an increase in the complexity of cases managed until the level of competence for autonomous practice is acquired – Level 4.

Continuous systematic feedback and reflection are integral to learning from practice, and will be assisted by workplace-based assessments. The AP-MH trainee is required to keep evidence of workplace-based learning activity and further development in their portfolio.

## Formal teaching and learning opportunities

The AP-MH trainee should maximise teaching and learning opportunities that exist within their HEI and work environment. These include, but are not limited to:

- teaching sessions that cover aspects of the curriculum;
- case presentations;
- journal clubs;
- engagement in research and quality improvement projects;
- lectures and small group teaching;
- clinical skills simulation;
- joint specialty meetings;
- participation in management and multidisciplinary meetings; and
- recommended online resources.

Other formal education or clinical-based courses can be undertaken to support the development of the capabilities, e.g. research, leadership and management skills. These will support and underpin the development of skills aligned to the four pillars of advanced practice.

## Self-directed learning

Self-directed learning permits development in all six domains, especially when there is effective reflection on all aspects of learning at the core of self-directed learning.

The curriculum is trainee-led and self-directed learning is essential. Trainees are expected to take a proactive approach to learning and development and to work as a member of a multi-professional team. Trainees are responsible for:

- engaging with opportunities for learning;
- initiating assessments and appraisal meetings with their trainers;
- undertaking self- and peer-assessment;
- undertaking regular reflective practice; and
- maintaining an up-to-date learning portfolio.

Trainees are encouraged to establish study groups and journal clubs and to conduct peer review; trainees should take the opportunity of learning with peers at a local level through postgraduate teaching and discussion sessions. Trainees are also expected to undertake personal study in addition to formal and informal teaching. This will include using study materials and publications and reflective practice. Trainees are expected to use the developmental feedback they get from their trainers from assessments to focus further research and practice development.

Reflective practice is an important part of self-directed learning and of continuing professional development. It is an educational exercise that enables trainees to explore, with rigour, the complexities and underpinning elements of their actions in order to refine and improve them. Reflection in the oral form is very much an activity that AP-MH practitioners engage in and find useful and developmental.

Writing reflectively adds to the oral process by deepening the understanding of practice. Written reflection offers different benefits to oral reflection that include: a record for later review; a reference point to demonstrate development; and a starting point for shared discussion. Whatever the modality of reflection, it is important that it takes place and that there is a record of it having taken place, whether or not the specific subject or content of the reflection is recorded.

## Workplace-based supervision

Workplace-based supervision is fundamental to the delivery of safe and effective training. It takes advantage of the experience, knowledge and skills of expert clinicians and ensures interaction between an experienced clinician and the AP-MH trainee. The ultimate responsibility for the quality of training lies with the supervisor.

Supervision is designed to ensure safety by encouraging safe and effective practice and professional conduct. Learning must be supervised appropriately, depending on the experience of the trainee, case mix and workload to enable delivery of high-quality, safe patient care. It is anticipated that, as the AP-MH trainee progresses, the level of supervision will be tailored to facilitate independence consistent with safe and effective person-centred care. The AP-MH trainee has a core professional qualification

and within that framework operates as a professional with responsibilities for individuals and their care. For the purposes of AP-MH training, this responsibility is retained by the trainee with the supervisor(s) responsible for the quality of training/supervision, as previously described.

A number of people from a range of multi-professional groups will be involved in teaching and training, with subject areas of the curriculum being taught by staff with relevant specialist expertise and knowledge. Those involved in the workplace-based education supervision of trainees must have the relevant qualifications, experience and training to undertake the role. Specialist skills and knowledge are usually taught by consultant or advanced level practitioners and senior trainees, whereas the more generic aspects of practice can also be taught by the wider multidisciplinary team.

It is anticipated that the AP-MH trainees have:

- access to online learning facilities and libraries to include e-resources;
- induction to local policies, procedures and arrangements comparable to senior clinical decision makers;
- access to electronic patient records consistent with their level of training;
- adequate resources to enable trainees and their supervisors to prepare work and undertake assessment;
- access to storage for confidential training records; and
- access to appropriate local training.

## Appraisal

A formal process of appraisal and review underpins development. This process exists to ensure adequate supervision and development and is one of the main ways of providing feedback. It is recommended that there is a review of competence progression during this process.

As the AP-MH trainee is undertaking a Master's or equivalent level programme at an HEI, it is anticipated as good practice that an HEI representative, alongside a line manager and an educational supervisor, would have input into the annual appraisal process. This process will review progress across clinical and academic learning and develop a personal development plan identifying objectives and appropriate learning opportunities for the forthcoming year, which will be recorded within the portfolio.

## Governance

To support the appraisal process, there should be a clear governance statement for the AP-MH trainee where workplace-based supervisors and assessors record their commitment to the training plan. This governance statement allows responsibility for the sign-off of capabilities to be shared among the team and is recorded in the portfolio (paper or electronic). On completion, this governance statement provides confirmation of the standards met and overall capability, as well as appropriate behavioural and professional conduct.

Local service providers will retain responsibility for deployment of their staff in clinical situations for which they are appropriately trained. All clinical staff require ongoing organisational clinical governance, which will include judgement by the organisations as to the degree of clinical autonomy suitable for any individual, a process of ongoing staff development, and a system for appraisal and revalidation.

## Trainees

Trainees are expected to place the wellbeing and safety of patients above all other considerations, with responsibility to recognise and work within the limits of their professional competence, consulting with colleagues as appropriate. Emphasis is on the development of good clinical judgement, and this includes the ability to judge when to seek assistance and advice.

The AP-MH trainees are required to take responsibility for their own learning and to be proactive in initiating appointments to plan, undertake and receive feedback on learning opportunities, including ensuring that:

- A learning agreement is created, and meetings are held within the clinical practice to discuss progress.
- Assessments are undertaken and validated by assessors in good time.
- Evidence of learning is systematically recorded in the portfolio.
- Supervision is scheduled and attended.

## Feedback

High-quality feedback is essential for effective learning; therefore the AP-MH trainee is encouraged to seek informal and formal feedback on their practice. Feedback can be received verbally at the end of a learning event, or formally through workplace-based assessment, multisource feedback, and formal meetings with workplace-based supervisors.

## How the AP-MH learning is assessed

Assessment of learning is an essential component of any curriculum and has both formative and summative aspects throughout the AP-MH curriculum. Assessment in practice will be carried out by a workplace-based supervisor identified within the clinical setting. This will be an ongoing developmental process of gaining competence through to autonomy, eventually demonstrating expert practice. Assessment of competence at advanced clinical practitioner level is multifaceted.

All AP-MH trainees are expected to keep and develop a portfolio of evidence to demonstrate achievement of the capabilities. Each capability must have sufficient evidence to demonstrate achievement. The reliability of this process can be increased where the evidence is triangulated. Triangulation includes applying evidence that reflects capability through writing, observation and conversation. Academic assessments as part of a Master's in advanced practice programme that are successfully completed may be utilised as evidence of knowledge against some capabilities.

The emphasis on evidence is always on quality and not quantity; however, it is acknowledged that assessment drives learning and, as such, the trainee is encouraged to seek assessment and feedback. The number of formative assessments undertaken prior to a summative assessment is not stipulated. It is anticipated that all assessments provide evidence that contributes to the professional development process.

## Assessment methods

Summative assessment evaluates performance after learning through knowledge acquisition, skill development and behavioural competence. Performance is judged against the capabilities and assessed against a supervision level, with a minimum level specified.

Examples of assessment methods that can be used either formatively or summatively include:

- multi-clinician report (MCR);
- self-assessment;
- multisource feedback (MSF);
- case-based discussion (CbD);
- mini clinical evaluation exercise (CEX);
- direct observation of procedural skills (DOPS);
- teaching observation (TO); and
- patient survey (PS).

## Multi-clinician report

This is designed to help capture the opinions of clinicians who have supervised the AP-MH trainee. They are asked to comment on clinical knowledge and skills and various important aspects of clinical performance.

## Self-assessment

As part of the multi-clinician report, the AP-MH trainee undertakes self-assessment that encourages analysis of existing knowledge, level of ability and preferred learning style, mapped against the requirements for AP-MH. Within this analysis, reflection on self, performance, task and suitability is encouraged to explore, develop and evaluate capability and interpersonal skills.

## Multisource feedback

This is used to gather feedback on generic skills, such as communication, leadership and teamworking, alongside assessing behaviours. Feedback is sought from people that trainees care for and colleagues with whom they work, including their manager, doctors, peers, junior staff, administrators and other allied health professionals.

## Mini clinical evaluation exercise

A mini clinical evaluation exercise formatively or summatively assesses history taking (interpersonal skills), physical examination (clinical skills) and differential diagnosis (problem-solving skills), that lead to the development of a treatment plan. Feedback is provided to enable learning and development.

## Case-based discussion

A case-based discussion is an interview conducted by the workplace-based supervisor designed to assess knowledge, clinical reasoning and decision making focused on written case records. It enables assessment and feedback to be documented to enable learning either formatively or summatively.

## Direct observation of procedural skills

The direct observation of procedural skills is used to assess clinical and professional skills in performing a range of diagnostic and interventional procedures. The assessor does not have to be the workplace-based supervisor. The assessor will provide written feedback for the trainee's portfolio and verbal developmental feedback. A trainee may already be proficient in the capability being observed, and this must be recorded in the portfolio and approved by a suitably qualified/competent assessor.

## Teaching observation

Teaching observation is aimed at improving the quality of teaching and to demonstrate capability around the education pillar of advanced practice. AP-MH trainees need to demonstrate the ability to engage in self-directed learning to maximise clinical skills and knowledge and to develop and lead others, care and services.

## Patient survey

The patient survey is aimed at triangulating the feedback the trainee receives, while undertaking an episode of care. It considers clinical, interpersonal and professional skills, including behaviours and attitudes, to ensure any episode of care is patient-centred.



## Workplace-based coordinating education supervisor

A workplace-based coordinating education supervisor is an appropriately trained assessor with delegated authority. This may be a consultant practitioner or an experienced advanced clinical practitioner who has the necessary skills, knowledge and experience to oversee the AP-MH trainee's clinical work. The workplace-based education supervisor should be familiar with the curriculum documentation and the assessment tools, and be able to give good quality, constructive feedback to enable the AP-MH trainee to develop and maximise patient safety.

The workplace-based education supervisor's main responsibilities are to use the evidence held within the portfolio, such as outcomes of assessments, reflections and learning agreements, to inform appraisal meetings. Supervisors are also expected to update the trainee's record of progress through the curriculum, including appraisals and supervisor's reports. All learning agreement meetings, supervision reports and workplace-based assessments (including MSF and MCR) should be recorded in the portfolio. Reflection on learning experiences should also be recorded in the portfolio.

Workplace-based education supervisors will make an overall, holistic judgement of performance in each capability, using the following supervision levels:

<b>Supervision Level I:</b>	Able to observe only.
<b>Supervision Level IIa:</b>	Able and trusted to act with direct supervision: The supervisor needs to be physically present throughout the activity to provide direct supervision.
<b>Supervision Level IIb:</b>	Able and trusted to act with direct supervision: The supervisor needs to guide all aspects of the activity. This guidance may partly be given from another setting, but the supervisor will need to be physically present for part of the activity.
<b>Supervision Level III:</b>	Able and trusted to act with indirect supervision: The supervisor does not need to guide all aspects of the activity. For those aspects that do need guidance, this may be given from another setting. The supervisor may be required to be physically present on occasions.
<b>Supervision Level IV:</b>	Able and trusted to act autonomously and unsupervised, within scope of practice and with delegated authority.
<b>Supervision Level V:</b>	Performs beyond the level expected of an AP-MH trainee.

## Assessors

Typically, assessors are consultant practitioners, advanced practitioners or other senior healthcare professionals who are appropriately qualified and skilled in assessment and have delegated authority. Assessors can undertake both formative and summative assessments; they must be competent in the area they are assessing and be aware of the standard required.

Workplace-based coordinating educational supervisors should use the curriculum as the basis of their discussion with trainees, particularly during the learning agreement process. Both trainers and trainees are expected to have a good knowledge of the curriculum and should use it as a guide for their AP-MH training programme.

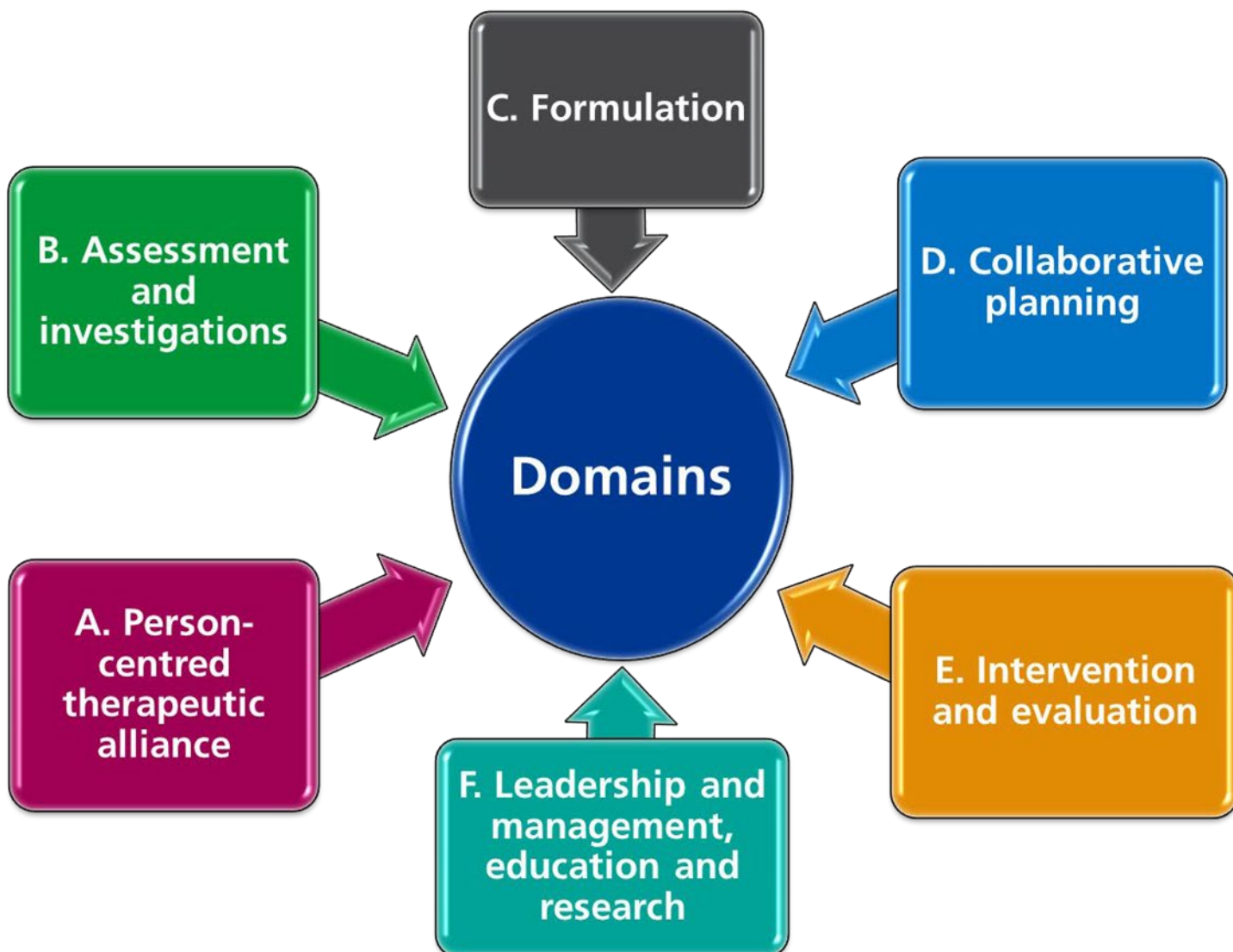
## **AP-MH trainee recording progress in their portfolio**

The AP-MH trainee will use a portfolio to gather evidence on progress, through which assessments and appraisals can be performed and other records of training and reflections can be stored. Reflections, assessments and other portfolio content should be used to provide evidence towards acquisition of curriculum capabilities. The AP-MH trainee should add their own self-assessment ratings to record their view of their progress. The aims of this self-assessment are:

- To provide the means for reflection and evaluation of current practice.
- To inform discussions with supervisors to help both gain insight and assist in developing personal development plans.
- To identify shortcomings between experience, competency and areas defined in the curriculum, so as to guide future clinical exposure and learning.

## Introduction to the capabilities

The following capabilities are for health and care professionals working at, or towards, an advanced practice level in a mental health setting. The core AP-MH capabilities are in addition to the generic capabilities defined in HEE's (2017) *Multi-Professional Framework for Advanced Clinical Practice in England*. The capabilities are presented under six domains:



It is anticipated that all health and care professionals working at, or towards, an advanced practice level should have developed their skills and knowledge to the standard outlined in this Framework. It is acknowledged that individual practitioners may demonstrate the capabilities in different ways depending on the nature, scope or context of their practice, role and profession.

## Capabilities in practice

### Domain A: Person-centred therapeutic alliance

The advanced practitioner in mental health is able to:

<b>A1 Demonstrate advanced level communication skills</b>	
<b>1.1</b>	Critically appraise and apply the evidence base around therapeutic factors that influence engagement, empowerment and recovery
<b>1.2</b>	Use appropriate verbal and non-verbal empathic communication that respects the person, addresses any adaptation needs, barriers and inequalities, ensures partnership and shared decision making, and is collaborative, non-discriminatory and non-judgemental
<b>1.3</b>	Demonstrate expertise in establishing and maintaining a therapeutic relationship in the presence of sensitive information, uncertainty, complexity, conflict and distress
<b>1.4</b>	Clearly communicate synthesised, complex information
<b>A2 Manage their work and responses to the work</b>	
<b>1.5</b>	Demonstrate a critical awareness and deep understanding of therapeutic boundaries, and apply self-awareness to attend to own reactions within relationships
<b>1.6</b>	Reflect on, explore and address complex ethical/moral dilemmas within practice
<b>1.7</b>	Proactively engage in appropriate supervision commensurate with scope of practice
<b>A3 Facilitate co-production</b>	
<b>1.8</b>	Demonstrate critical understanding of how professional values and perspectives, and those of the person involved in co-production, may differ, and the influence this may have on engagement, assessment, treatment and management
<b>1.9</b>	Act with inclusivity, initiative and creativity to incorporate strength-based principles to meet identified need
<b>1.10</b>	Exemplify an attitude of hope, optimism and partnership
<b>1.11</b>	Critically apply knowledge of the wider determinants of health in order to create physical, social and attitudinal environments that promote health and wellbeing

## Domain A: Person-centred therapeutic alliance (continued)

The advanced practitioner in mental health is able to:

### A4 Display professional accountability

- |             |   |
|-------------|---|
| <b>1.12</b> | Practice in compliance with their respective code of professional conduct and within their scope of practice, being responsible and accountable for their decisions, actions and omissions at advanced level of practice  |
| <b>1.13</b> | Demonstrate a critical understanding of their broadened level of critical decision making, accountability, responsibility and autonomy, and the limits of their own competence and professional scope of practice, including when working with conflict, complexity, risk, uncertainty and incomplete information |
| <b>1.14</b> | Act on professional judgement about when to seek help, demonstrating critical reflection on their own practice, self-awareness, emotional intelligence, and openness to change  |

### A5 Advocate for potentially vulnerable people and groups

- |             |   |
|-------------|---|
| <b>1.15</b> | Demonstrate critical understanding of the impact of population health and wellbeing, and take appropriate steps to address inequalities and vulnerabilities   |
| <b>1.16</b> | Demonstrate critical awareness of the potential for stigmatisation and the possible impact on co-production, intervention and motivation  |
| <b>1.17</b> | Promote and demonstrate action in support of marginalised, under-represented and disadvantaged people and groups  |
| <b>1.18</b> | Demonstrate critical understanding of the multiple perspectives within a situation and ensure that needs of carers, of all ages, and family members, are appropriately assessed, explored and addressed |

## Domain B: Assessment and investigations

The advanced practitioner in mental health is able to:

<b>B1 Demonstrate clinical expertise</b>	
<b>2.1</b>	Demonstrate a deep and critical understanding of psychological, biological and social theories of mental health and ill health across the lifespan
<b>2.2</b>	Demonstrate advanced knowledge and understanding of mental health-related presentations
<b>2.3</b>	Demonstrate critical understanding of the complex interplay between psychological, biological and social factors that affect health, activity and wellness
<b>2.4</b>	Demonstrate knowledge and application of local, statutory and legal obligations related to the care and treatment of those with mental ill health
<b>2.5</b>	Demonstrate and apply understanding of a wide range of validated assessment and interventional theories related to scope of practice
<b>2.6</b>	Maintain and critically appraise clinically effective, digital technology-enabled intervention opportunities

## Domain B: Assessment and investigations (continued)

The advanced practitioner in mental health is able to:

<b>B2 Undertake appropriate assessment and investigation</b>	
<b>2.7</b>	Critically apply advanced knowledge of mental health and illness
<b>2.8</b>	Exhibit professional curiosity in undertaking and articulating comprehensive, person-centred history taking and assessment, with a focus on psychological, biological and social perspectives, in line with agreed scope of practice
<b>2.9</b>	Critically assess and determine a person's capacity to make choices and decisions
<b>2.10</b>	Effectively explore, assimilate and synthesise information from various other appropriate sources
<b>2.11</b>	Critically assess and appraise complex, incomplete, ambiguous and conflicting information, distilling and synthesising key factors from the appraisal, and identify those elements that may need to be pursued further
<b>2.12</b>	Articulate comprehensive history, mental state examination, physical assessment, and overall formulation, verbally and in written form
<b>2.13</b>	Identify and lead response, in a timely manner, to the deteriorating condition and presentation of the person in the presence of acuity and/or mental health/physiological deterioration
<b>2.14</b>	Effectively assess, exclude, recognise and address physical health issues within the scope of practice, referring, as required, for more specialist assessment and intervention

## Domain C: Formulation

The advanced practitioner in mental health is able to:

<b>C Construct formulations of patients' problems</b>	
<b>3.1</b>	Use expertise and decision-making skills to inform clinical reasoning approaches when dealing with differentiated and undifferentiated individual presentations and complex situations, synthesising information from multiple sources to make appropriate, evidence-based judgements and/or diagnoses
<b>3.2</b>	Develop differential judgements, recognising key biases and common errors, including diagnostic overshadowing and the issues relating to diagnosis in the face of ambiguity and incomplete data
<b>3.3</b>	Exercise critical curiosity in applying comprehensive psychological, biological and social formulation
<b>3.4</b>	Critically select and utilise current, internationally recognised classification criteria where appropriate



## Domain D: Collaborative planning

The advanced practitioner in mental health is able to:

<b>D1 Work collaboratively</b>	
<b>4.1</b>	Lead effective intervention, incorporating collaboration with a range of professions and agencies, across organisational boundaries
<b>4.2</b>	Demonstrate a systematic knowledge and understanding of the local care system and how to access different parts (including agencies outside of statutory care); collaborate and refer independently
<b>4.3</b>	Manage expectation of both intervention and service through knowledge of resources and availability
<b>D2 Promote safety and mitigate risk</b>	
<b>4.4</b>	In the presence of uncertainty/emergency/emergent risk, analyse and modify intervention to mitigate risk
<b>4.5</b>	Critically analyse and apply feasibility judgement in consideration of risk-aware and risk-averse intervention
<b>4.6</b>	Exercise professional judgement and leadership to effectively promote safety, especially in the presence of multi-morbidity, complexity and/or unpredictability
<b>4.7</b>	Use a range of communication skills to discuss and develop collaborative, person-centred, management strategies for planned and unplanned potential points of challenge, exploring the potential risks and benefits
<b>4.8</b>	Lead collaboration with an appropriate range of multi-agency and inter-professional resources, developing, maintaining and evaluating links to least restrictive practice, and balancing the complexity of risk and safety, across organisations and settings

## Domain E: Intervention and evaluation

The advanced practitioner in mental health is able to:

<b>E1 Lead care and treatment planning</b>	
<b>5.1</b>	Critically and collaboratively explore a range of strength-based occupational, environmental and social interventions
<b>5.2</b>	Apply an in-depth critical understanding of the potential role for pharmacological interventions, balanced with an understanding of potential adverse effects and unwanted outcomes
<b>5.3</b>	Contribute to the process of medicines optimisation and appropriate intervention, in line with profession-specific capability and agreed scope of practice
<b>5.4</b>	Act in the knowledge of evidence about concordance with intervention, interactions and unwanted effects
<b>5.5</b>	Promote and lead the application of collaborative, feasible, person-centred, anticipatory care planning, with the presence of clear management strategies where care is needed out of hours
<b>5.6</b>	Utilise evidence-based, psychologically-informed intervention in line with the agreed scope of practice and under appropriate supervision
<b>E2 Prescribe intervention</b>	
<b>5.7</b>	Prioritise timely intervention in situations where there are multiple issues, changing priorities and/or safety concerns
<b>5.8</b>	Critically apply evidence-based intervention in line with national guidance
<b>5.9</b>	Demonstrate a critical awareness and knowledge of evidence-based psychological interventions in order to be able to refer on appropriately for these
<b>5.10</b>	Explore and recommend collaborative social intervention informed by an understanding of local population health needs, agencies and networks
<b>E3 Evaluation</b>	
<b>5.11</b>	Critically plan and apply collaborative evaluation of the efficacy of intervention, and modify following consultation
<b>5.12</b>	Analyse and apply appropriate evidence-based evaluation tools and/or outcome measures

## Domain F: Leadership and management, education and research – in addition to those within the multi-professional framework

The advanced practitioner in mental health is able to:

<b>6.1</b>	Exemplify leadership, resilience and determination, manage situations that are unfamiliar, uncertain, complex or unpredictable, and seek to build confidence in others
<b>6.2</b>	Lead the development of effective relationships, fostering clarity of roles across teams
<b>6.3</b>	Critically explore and analyse systems and practices in identifying, influencing and challenging unconscious bias, stigma and discrimination
<b>6.4</b>	Explore and apply a range of methodologies in delivering quality improvements
<b>6.5</b>	Negotiate an individual scope of practice within legal, ethical, professional and organisational policies, governance and procedures, with a focus on mitigating risk and upholding safety
<b>6.6</b>	Receive, lead and exemplify a culture of critically reflective clinical practice supervision
<b>6.7</b>	Act as a professional role model and educator in understanding and practice, in accordance with evidence-based practice and statutory responsibilities, including legislation, guidance, standards and regulatory requirements
<b>6.8</b>	Critically and strategically apply advanced clinical expertise across professional and service boundaries to enhance knowledge and understanding of mental health

## Acknowledgements

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## Resources

[Multi-professional framework for advanced clinical practice in England](#)

[NHS Long Term Plan \(2019\)](#)

[We are the NHS: People Plan for 2020/2021](#)

HEE Advanced Practitioner Supervision Document (formal launch October 2020)