

Council, 4 July 2013

Outcomes of the consultation on the criteria for approving approved mental health professional programmes

Executive summary and recommendations

Introduction

We have taken on the statutory responsibility to approve approved mental health professional (AMHP) education programmes in England. This was previously the responsibility of the General Social Care Council (GSCC). We have powers to set 'stand-alone' criteria for approving AMHP programmes, to publish those criteria and to communicate the criteria to education providers.

In July 2012, the Council agreed to interim arrangements for managing changes to, and approving, the AMHP programmes. These interim arrangements are in place until we publish our own criteria for approving programmes.

At its meeting in December 2012, the Council ratified the decision of the Education and Training Committee to consult on draft criteria for approving AMHP programmes. We publically consulted on the draft criteria between January 2013 and April 2013.

The attached document summarises the responses we received to the consultation and outlines our decisions as a result.

This paper was considered by the Education and Training Committee in June 2013 and was subject to substantial discussion. The Committee agreed to approve and recommend the paper to the Council, subject to the Executive considering comments about the proposed criteria. The Executive has reviewed the criteria in light of the comments made by some members of the Committee. The short attached paper overleaf describes the comments made at the Committee and outlines the decisions the Executive proposes as a result.

If approved by the Council today the criteria for approving AMHP programmes would be published and become effective from the 2013-2014 academic year.

Decision

The Council is invited to:

- discuss the attached paper;

- agree the criteria for approving AMHP programmes as set out in appendix one (subject to minor editing amendments and formal legal scrutiny); and,
- agree the text of the consultation responses document (subject to minor editing amendments and formal legal scrutiny).

Background information

- Criteria for approving AMHP programmes – Council, 5 July 2012.
<http://www.hpc-uk.org/assets/documents/10003B1Fenc17-ApprovedMentalHealthProfessionalcriteria.pdf>
- Consultation on approving AMHP programmes in England
<http://www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=155>

Resource implications

- Revising the consultation analysis document if required and posting it on the HCPC website.
- Arranging for the laying out and publication of the final criteria.

This is accounted for in Policy and Standards Department and Communications Department planning for 2013-2014.

Financial implications

- Laying out and publishing of the final criteria.

The above is accounted for in Policy and Standards Department budgeting for 2013-2014.

Appendices

- Appendix 1: Revised criteria for approved mental health professional programmes following the consultation
- Appendix 2: List of additional criteria suggested by respondents to the consultation
- Appendix 3: List of amendments to the criteria suggested by respondents to the consultation

Date of paper

24 June 2013

Description of the comments made by members of the Education and Training Committee and the decisions the Executive proposes as a result.

Outline of comments made by Committee

- 1.1 Several criteria that derived from the GSCC's Specialist Standards and Requirements for Post-Qualifying Social Work and Education Training were removed from the draft criteria in light of consultation feedback which commented that they were repetitive of issues covered in the criteria derived from the Regulations.
- 1.2 A few members of ETC felt that removing some of these criteria meant that particular issues were lost. The areas commented upon were:
 - Understanding of child and adult protection procedures.
 - Understanding of mental distress across the lifespan.
 - Understanding the impact of physical health conditions.
 - Understanding of drugs and substance misuse.
- 1.3 One member felt that several important duties of the AMHP role meant that independence and authority needed to be stressed in the criteria.
 - AMHPs operate with dual responsibilities and must balance safeguarding the civil liberties of service users with protecting the mental health needs of the public when they conflict.
 - AMHPs have the duty to liaise with the nearest relative of the service user and to provide access to advocacy.
 - AMHPs have the independent power to decline an application for compulsory admission even if it is in conflict with the two medical recommendations necessary to support compulsory admission.

The Executive's proposed decisions

- 2.1 The table below outlines the concerns of members of ETC in relation to the criteria and the decisions the Executive proposes as a result. The consultation response document has been updated to reflect these changes.

Criteria	Comments made by some members of ETC	Decisions proposed by the Executive
<p>Criterion 7.9 in appendix 3.</p> <p>Understand child and adult protection procedures in relation to AMHP work</p>	<p>Several members of ETC felt that though the need to understand these procedures is implied in other criteria, the importance of the procedures mean they should be specifically referred to. As such, these members felt this criterion should not be removed.</p> <p>One member of ETC subsequently suggested amending criterion 1.9 in appendix 1 to the responses document to read:</p> <p><u>‘Understand the needs of children and young people and their families and the impact these needs have on AMHP practice and implications for child and adult safeguarding procedures relating to AMHP work.’</u></p>	<p>The Executive considers that it is appropriate to retain this criterion as AMHPs will derive from four different professions, some of which may not require this knowledge at pre-registration level. This criterion has therefore been reintroduced as criterion 1.8 in appendix 1.</p> <p>Retaining this as a separate as separate criterion would be clearer than amending criterion 1.9.</p>
<p>Criterion 7.11 in appendix 3.</p> <p>Understand complexity, including the interrelationship between drugs and substance misuse and mental health disorders, and the implications for intervention.</p>	<p>One member of ETC felt that an AMHP should understand the interplay of psychiatric, psychological and social symptoms. They felt that this may be illustrated by considering the impact of other physical health or substance abuse factors. In particular they highlighted the way in which physical health issues and substance abuse factors may produce symptoms that mimic mental disorder without the presence of an underlying mental illness. The role of the AMHP is to consider the contribution of all relevant factors to ensure that someone is not inappropriately detained against their will.</p>	<p>Several respondents to the consultation were concerned that these criteria needlessly prioritised two examples of ‘complex’ AMHP practice over a range of other complexities AMHPs encounter in their practice.</p> <p>The Executive is sympathetic to this position, but understands that it is important that the criteria more specifically cover consideration of a variety of factors that influence mental health. The Executive has created a separate criterion based on elements previously combined in the criteria derived from the Regulations to give this issue due emphasis in the criteria.</p> <p>The Executive therefore proposes the following criteria;</p>
<p>Criterion 7.12 in appendix 3.</p> <p>Understand the impact of physical</p>		

<p>health conditions on mental health.</p>	<p>AMHPs also have the responsibility to ensure that someone is not inappropriately denied treatment either.</p> <p>To ensure, for example, that someone with co-morbid substance difficulties alongside their mental illness are not denied treatment for their mental disorder due to their voluntary substance misuse. To ensure all of the above, AMHPs have a duty to evaluate the contribution of the different factors which may influence the decision to apply for compulsory admission.</p> <p>One member of ETC subsequently suggested amending original criterion 7.8 shown in appendix 3 to read:</p> <p><u>'Understand a range of models of mental disorders, including the contribution and complexity of social, physical and development factors and possible inter-relationship with drugs and substance misuse and be able to apply them in assessment and intervention practice.'</u></p>	<ul style="list-style-type: none"> • 1.3 – Understand a range of models of mental disorder, and be able to apply them in practice. • 1.4 – Understand the contribution and impact of social, physical and development factors on mental health, and be able to apply this in practice <p>The phrase 'social, physical and development factors' is used in the Regulations and the Executive feels it appropriately covers the range of complexities AMHPs face in practice, including physical health and substance misuse.</p> <p>The Executive has not proposed using the word 'complexity' as we consider this sits uneasily within threshold standards and would be difficult to assess.</p> <p>Assessment and intervention is covered between 7.1 and 7.5 in the proposed criteria.</p>
<p>Criterion 7.10 in appendix 3.</p> <p>Understand the impact and presentation of mental distress across the lifespan.</p>	<p>One member of ETC felt that this criterion embodied an important foundation of AMHP knowledge and should therefore remain in the criteria.</p>	<p>In light of consultation feedback, the Executive considers that this criterion is unnecessary as it would be not be possible for AMHPs to meet the knowledge criteria 1.3-1.9 in appendix 1 without understanding mental distress across the lifespan. In particular;</p> <ul style="list-style-type: none"> • 1.3 – Understand a range of models of mental disorder, and be able to apply them in practice

		<ul style="list-style-type: none"> • 1.4 – Understand the contribution and impact of social, physical and development factors on mental health and be able to apply this in practice • 1.6 – Understand the implications of mental disorders for service users, their relatives, carers and other professionals, and be able to apply this in practice • 1.7 – Understand the implications of a range of treatments and interventions for service users, their relatives, and carers, and be able to apply this in practice. • 1.9 – Understand the needs of children and young people and their families and the impact those needs have on AMHP practice
All criteria in section 2, appendix 1	One member of ETC felt that the criteria did not reflect the independence and authority of the role of an AMHP, particularly in respect of the need to simultaneously safeguard the civil liberties of service users and protect the mental health needs of the public.	<p>The Executive feels criterion 2.1 in appendix 1 emphasises the importance of these issues, but suggests that it be amended for clarity and to make it specific to AMHPs;</p> <ul style="list-style-type: none"> • 2.1 – Be able to exercise appropriate use of independence, authority and autonomy in the AMHP role

Outcomes of the consultation on criteria for approved mental health professional programmes

Analysis of the responses we received to the consultation on criteria for approved mental health professional (AMHP) programmes and our decisions as a result.

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1. Introduction

About the consultation

- 1.1 We consulted between 21 January 2013 and 19 April 2013 on our criteria for approving AMHP programmes.
- 1.2 We will use these criteria when we approve and monitor AMHP programmes to ensure that professionals who successfully complete these programmes are fit to practise as AMHPs.
- 1.3 We sent the consultation document to a range of stakeholders including professional bodies, employers, and education providers. We advertised the consultation on our website, and issued a press release.
- 1.4 We would like to thank all those who took the time to respond to the consultation. You can download the consultation document and a copy of this responses document from our website: www.hcpc-uk.org/aboutus/consultations/closed

About us

- 1.5 We are a regulator and we were set up to protect the public. To do this, we keep a register of health and care professionals who meet our standards for their professional skills and behaviour. Individuals on our Register are called 'registrants'.
- 1.6 We currently regulate 16 professions:
 - Arts therapists
 - Biomedical scientists
 - Chiropodists / podiatrists
 - Clinical scientists
 - Dietitians
 - Hearing aid dispensers
 - Occupational therapists
 - Operating department practitioners
 - Orthoptists
 - Paramedics
 - Physiotherapists
 - Practitioner psychologists
 - Prosthetists / orthotists
 - Radiographers
 - Social workers in England
 - Speech and language therapists

About this document

- 1.8 This document summarises the responses we received to the consultation and our decisions as a result. The document is divided into the following sections.
- **Section 2** explains how we handled and analysed the responses we received, providing some overall statistics from the responses.
 - **Section 3** summarises the general comments we received in response to the consultation.
 - **Section 4** outlines the comments we received in relation to specific questions within the consultation.
 - **Section 5** outlines our responses to the comments we received and the changes we are making as a result.
 - **Section 6** lists the organisations which responded to the consultation.
- 1.9 This paper also has three appendices.
- Appendix one lists the standards after consultation (subject to minor editing amendments and legal scrutiny).
 - Appendix two lists all the comments we received suggesting additional standards.
 - Appendix three lists all the comments we received suggesting amendments to the drafted standards.
- 1.10 In this document, 'you' or 'your' is a reference to respondents to the consultation, 'we', 'us' and 'our' are references to the HCPC.

2. Analysing your responses

2.1 Now the consultation has ended, we have analysed all the responses we received. Whilst we cannot include all of the responses in this document, a summary of responses can be found in sections three and four.

Method of recording and analysis

2.2 We used the following process in recording and analysing your comments.

- We recorded each response to the consultation, noting the date each response was received and whether it was submitted on behalf of an organisation or by an individual.
- We also recorded whether the person or organisation agreed or disagreed with each question.
- We then read each response and noted the comments received against each of the consultation questions, and recorded any general comments.
- Finally, we analysed all the responses.

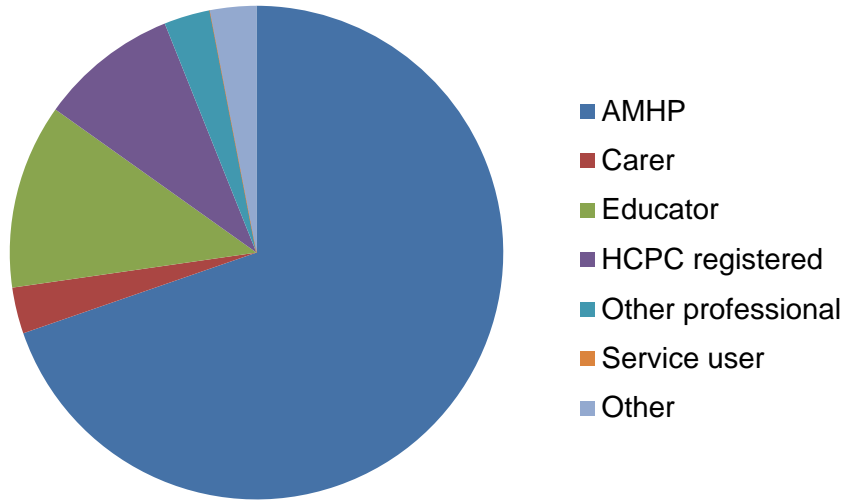
2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of comments made by respondents.

Statistics

2.4 We received 56 responses to the consultation document. 34 of these responses were received from individuals and 22 from organisations.

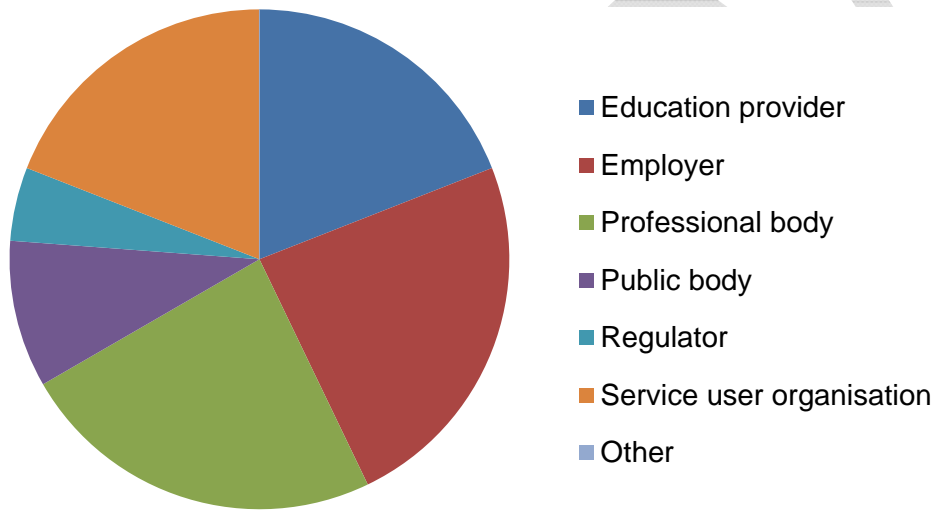
2.5 The breakdown of respondents and of responses to each question is shown in the graphs and tables that follow.

2.6 Please note: some respondents did not clearly indicate the question to which they were responding, or responded more generally. In these cases, we have included their responses in the 'General comments' section unless it was possible to include their responses under a specific question or criterion.



Graph 1 – Breakdown of individual responses

Respondents were asked to select the category that best described them. Several AMHP also identified themselves as belonging to further categories, such as HCPC registered, but for the purposes of this graph were categorised as AMHPs.



Graph 2 – Breakdown of organisation responses

Respondents were asked to select the category that best described their organisation. Several service user organisations also identified themselves as carer organisations. For the purposes of this graph they were categorised as service user organisations.

Table 1 – Breakdown of responses to each question

Question	Yes	No	Partly	Don't know	No answer
Q1. Do you think the criteria are set at the level necessary for safe and effective AMHP practice?	40 (71%)	1 (2%)	11 (20%)	2 (4%)	2 (4%)
Q2. Do you think any additional criteria are necessary?	22 (39%)	24 (43%)	6 (11%)	2 (4%)	2 (4%)
Q3. Should we add a criterion requiring service user involvement in AMHP programmes?	44 (79%)	1 (2%)	5 (9%)	3 (5%)	3 (5%)
Q4. Do you think there are any criteria that should be reworded or removed?	14 (25%)	28 (50%)	4 (7%)	5 (9%)	5 (9%)
Q5. Do you have any comments about the language used in the criteria?	14 (25%)	36 (64%)	1 (2%)	1 (2%)	4 (7%)

Table 2 – Breakdown of responses by respondent type

	Individuals					Organisations				
	Yes	No	Partly	Don't know	No ans	Yes	No	Partly	Don't know	No ans
Question 1	26 (76%)	0 (0%)	5 (15%)	2 (6%)	1 (3%)	14 (64%)	1 (5%)	6 (29%)	0 (0%)	1 (5%)
Question 2	12 (35%)	16 (47%)	2 (6%)	2 (6%)	2 (6%)	10 (45%)	8 (36%)	4 (18%)	0 (0%)	0 (0%)
Question 3	26 (76%)	0 (0%)	3 (9%)	3 (9%)	2 (6%)	18 (82%)	1 (5%)	2 (9%)	0 (0%)	1 (5%)
Question 4	6 (18%)	18 (53%)	2 (6%)	4 (12%)	4 (12%)	8 (36%)	10 (45%)	2 (9%)	1 (5%)	1 (5%)
Question 5	7 (21%)	22 (65%)	1 (3%)	1 (3%)	3 (9%)	7 (32%)	14 (64%)	0 (0%)	0 (0%)	1 (5%)

- Percentages in the tables above have been rounded to the nearest whole number and therefore may not add to 100 per cent.
- Question 6 invited any further comments rather than a 'yes or no' answer so is not included in the above tables.

3. General comments

- 3.1 This section outlines general comments made in response to the consultation. This includes responses to question six of the consultation document which asks for any other comments on the criteria. The general comments made by respondents are grouped under specific headings.

Interaction with other frameworks

- 3.2 Many responses we received referenced the Mental Health (Approved Mental Health professionals) (Approval) (England) Regulations 2008 (the Regulations). Several responses expressed interest as to the way in which the criteria had been devised according to Schedule 2 to the Regulations.
- 3.3 Several respondents commented that it was evident that the proposed standards had been drafted in accordance with the Regulations and adequately covered the Key Competencies of Schedule 2.
- 3.4 However, questions as to how and why the HCPC had rewritten Schedule 2 recurred throughout several responses. Some respondents felt that the rewriting of the regulations in the criteria had in instances resulted in losing the intended meaning and as a result should revert to the wording of the regulations.
- 3.5 Several respondents pointed out that some areas of the regulations weren't explicitly covered by the criteria and perhaps should be.
- 3.6 Other respondents commented that the criteria included areas that were not included in the regulations. These comments refer to criteria that were originally part of the General Social Care Council's (GSCC's) Specialist Standards and Requirements for Post-Qualifying Social Work and Education Training. Some of these respondents were concerned that these requirements extended the role of the AMHP, or were needlessly repetitive or specific and as such should be removed.

Need for additional detail

- 3.7 Though the majority of respondents indicated that enough detail and clarity was provided in the criteria to meet the level necessary for safe and effective AMHP practice, some respondents suggested that more detail was required to provide further clarification as to how the criteria could be met.
- 3.8 The majority of these respondents highlighted concerns that section one, specifically aimed at education providers, was not specific enough, which could result in a lack of consistency in AMHP programmes offered across the UK. These respondents wished to see a higher level of standardisation, particularly in relation to the level of the programmes, content of the curriculum, programme management and practice placements.

- 3.9 A few respondents suggested that further clarifying detail provided in the Regulations could be added to section two for AMHPs to help make it easier to quantify these learning outcomes.

Employer role in AMHP practice

- 3.10 A number of respondents pointed out that safe and effective AMHP practice is not only the responsibility of education providers and individual AMHPs, but also that of employers in this sector.
- 3.11 Several respondents stressed the way in which employer policies greatly influence AMHP work and argued it was crucial that employers took their share of responsibility in providing a safe and effective AMHP service. These respondents suggested that the HCPC introduce a section of criteria aimed at employers.
- 3.12 Some respondents acknowledged that the HCPC's remit did not extend to employers, but felt it was therefore important that criteria were introduced that dealt with some areas set out in employer policy.

'Mental health disorder' terminology

- 3.13 We invited respondents to comment on the use of terminology in this field as we are aware that it is a sensitive area.
- 3.14 One respondent suggested that the most appropriate language needed to reflect the human rights and dignity of the people who use or have used the service, and as such the term used should be derived from consultation with such users.
- 3.15 A few respondents argued that the term 'disorder' has derogatory connotations, and as such should be avoided. Suggestions of other expressions which they thought were preferable included 'mental distress', 'serious psychological distress' and 'people experiencing mental distress'.
- 3.16 Several respondents acknowledged that the use of 'disorder' can be contentious, but maintained that it was appropriate to use the language of mental health legislation.
- 3.17 One respondent commented that the term 'mental health disorder', which is used in the draft criteria, is not an expression in wide use in AMHP practice and noted that 'mental disorder' is the term used in the Regulations and other legislation. While several other respondents commented that it would be logical and appropriate for the HCPC to use the term used in legislation, they did not distinguish between 'mental health disorder' and 'mental disorder'.

Governance processes for safe practice

- 3.18 Some respondents made comments regarding the importance of robust governance systems for managing risk, reviewing AMHP practice and auditing the criteria.

- 3.19 A few of these respondents had questions as to the way in which the HCPC would audit approval of AMHP programmes. These respondents suggested that there should not be blanket approval and programmes should be subject to intensive review to ensure that they do not fall behind changing law and relevant inquiries.
- 3.20 Some respondents were concerned with the governance processes for individual AMHPs. Several felt that additional criteria needed to be introduced to make Continuing Professional Development (CPD) specific to AMHP practice a requirement. One respondent felt this was particularly important as AMHPs come from a number of different professions and it is important to ensure that they all maintain the same standard.
- 3.21 Other respondents focused on risk management and argued that AMHPs needed to be aware of the importance of adhering to systems and processes to manage risk effectively in AMHP practice. Several respondents argued that this is particularly important given the nature of the decisions AMHPs must make during the course of their work.

Differences in AMHP programmes

- 3.22 Several of the responses we received suggested that section one of the criteria for education providers needed to reflect the ways in which AMHP programmes differ from other types of education programmes currently approved by the HCPC. The key issues raised included:
- The need for the criteria to reflect the way in which AMHP programmes are a partnership between the education provider and practice placement providers. Some respondents argued that it is necessary to focus on the inclusion of employers in section one of the criteria.
 - The importance of including the level of AMHP programmes to ensure that all AMHPs are qualified to the same academic level. Many respondents felt that this should be set at post-graduate masters level.
 - Some respondents felt that some of the criteria were irrelevant to post-graduate AMHP programmes in which all students will be registered professionals. They argued some elements of the criteria unnecessarily covered either undergraduate teaching methods or pre-registration requirements.

Structure and format of document

- 3.23 While several respondents commented that the structure of the criteria was clear and coherent, some respondents offered suggestions about the format of the document.
- The structure of the criteria should be more in line with that of the Regulations and as such include a section on values and ethics.

- The intended audience for section two of the criteria detailing competencies of AMHPs needs to be clarified.
- Criteria that relate very closely and in some cases overlap could be either be amalgamated or removed.
- Criteria in section two could be reordered under the existing subheadings to make more logical sense.

DRAFT

4. Comments in response to specific questions

4.1 This section contains comments made in response to specific questions within the consultation document.

1) Do you think that the criteria are set at the level necessary for safe and effective AMHP practice?

- 4.2 The majority of respondents welcomed the criteria for AMHP programmes, and agreed that the criteria were at the threshold level necessary for safe and effective AMHP practice. There was a slight discrepancy in responses to this question, 76% of responses from individuals indicated this was the case while a slightly lower 64% of organisations answered the same.
- 4.3 Several respondents stated that they could only partly agree that the criteria were set at the necessary level for safe and effective practice. The majority of these respondents argued that as the HCPC's criteria do not exist in a vacuum, on their own they could not ensure 'safe' practice.
- 4.4 These respondents argued that it is in the reality of AMHP practice and the actual working circumstances that difficulties lie. The problems listed by these respondents included not enough AMHPs, and the lack of alternatives to hospital admission and poor hospital resources to deal with people suffering from mental disorders.
- 4.5 It seems that most of these respondents take issue with the use of 'safe' as AMHP practice is fundamentally fraught with risk and uncertain situations. Several respondents argued that while they could not affirm that the criteria is set at the level necessary for safe practice, they could say that the criteria outlines practice to a level whereby AMHPs can manage risk and work with uncertainty effectively.

2) Do you think any additional criteria are necessary?

- 4.6 A number of respondents commented that additional standards were not necessary as the proposed criteria covered the appropriate areas for both education providers and AMHPs. Some of these respondents suggested that introducing additional criteria should be avoided as it risked excessive duplication of the proposed criteria.
- 4.7 However, some felt that additional standards could provide greater clarification for both education providers and AMHPs. There was a small difference in the responses from organisations and those received from individuals, with 35% of individuals indicating additional criteria was necessary, while 45% of organisations answered the same.
- 4.8 The majority of these respondents wished to see additional criteria introduced in section one for education providers, supplying more specific requirements to ensure parity in the level of AMHP programmes offered by different providers. All additional criteria suggested are set out in appendix two.

4.9 The main areas suggested by these respondents included:

- more specific criteria for programme admissions;
- additional clarifying criteria about programme management reflecting the way in which AMHP courses are a partnership between education providers and employers;
- curriculum criteria to explicitly reference pieces of legislation relating to AMHP practice and cover a range of additional issues including CPD requirements for AMHPs;
- additional criteria to cover specifics of practice placements; and,
- further criteria to ensure service user involvement in education goes beyond tokenism.

4.10 Some respondents indicated that additional criteria were necessary for the AMHPs section to ensure that the criteria were linked more closely to the regulations. The areas most frequently cited were:

- a section of criteria about values and ethics related to AMHP practice;
- a criterion about empowering service users;
- criteria to reflect the concepts of consultation and supervision;
- a criterion highlighting the importance of verbal and written reports; and
- criteria about being able to articulate, demonstrate and assert the social perspective.

4.11 A number of respondents wanted to see an additional section in the criteria aimed at employers. Other respondents were aware that this was beyond the HCPC's remit but felt the HCPC should introduce criteria on areas often dictated by employer policy, such as:

- lone worker practice;
- out of hours practice;
- dangerous situations; and,
- aggressive service users.

3) Should we add a criterion requiring service user involvement in AMHP programmes?

- 4.12 The majority of respondents supported the introduction of a criterion that required service user involvement in AMHP programmes. There was no obvious difference in the way individuals and organisations responded to this question.
- 4.13 A large proportion of respondents felt that carers should be differentiated from service users and that the criterion should be amended accordingly.
- 4.14 Several respondents, while welcoming the criteria, were concerned that not stipulating the level of involvement necessary to meet this criterion may lead to tokenistic behaviour rather than meaningful service user involvement.
- 4.15 These respondents felt that the level of involvement should be specified, with some suggesting that the HCPC should stipulate involvement in several if not all aspects of AMHP programmes.
- 4.16 Other respondents wished to see an appreciation of the difficulties of implementing service user involvement in education programmes including the following.
- Finding appropriate funding and resources to enable service user involvement.
 - Having service users that appropriately represent service user views.
- 4.17 These respondents felt that service user involvement becomes tokenistic when utilised in ways inappropriate to particular courses and institutions. They felt the HCPC should avoid prescribing the way in which service user involvement should be achieved which may unintentionally inhibit beneficial service user involvement.

4) Do you think there are any criteria which should be reworded or removed?

- 4.18 Half of all respondents answered that the criteria did not need to be amended. We received several comments suggesting that the criteria appeared to be well thought through and appropriately articulated.
- 4.19 While 36% of those responding on behalf of an organisation wished to see some amendments to the criteria, only 18% of individual respondents felt the same.
- 4.20 Some respondents wished to see some of the criteria reworded in order to provide more specific prescriptive detail, as they felt that this would further clarify the criteria.
- 4.21 Several respondents felt that the criteria ought to be reworded to more explicitly reference the Regulations. Some of these respondents felt that rewording some of the Key Competencies in Schedule 2 to the Regulations had distorted their meaning. Others wanted phrases used in the criteria to be replaced by the exact phrasing used in the Regulations as they felt this would cause less confusion.

4.22 A few respondents felt that the criteria included elements that were not included in the Regulations and therefore either extended the remit of an AMHP, or repeated issues already covered in the criteria derived from the Regulations, and as such should be removed. The areas mentioned were:

- understanding of mental distress across lifespan;
- understanding the impact of physical health conditions;
- understanding of child and adult protection procedures; and
- working within local, regional and national resources.

4.23 Some respondents were concerned with a few elements of the criteria, where they felt the HCPC had prioritised aspects of practice by including some specific areas of practice and omitting others. The areas mentioned were:

- understanding complexity, including the interrelationship between drugs and substance misuse and mental disorders; and,
- understanding relevant research on the origins and treatment of mental health across specific groups.

4.24 Several respondents felt that some of the criteria overlapped each other and as such could either be amalgamated or some removed.

5) Do you have any comments about the language used in the criteria?

4.24 The majority of respondents indicated that they had no comments to make about the language used in the criteria, and many commented that the language was clear and appropriate. There was no significant difference in responses received from individuals and responses received from organisations.

4.25 Some respondents commented that the language was ambiguous in places, leaving the criteria open to interpretation. These respondents suggested amendments to the language of the criteria, which are provided in full in appendix three of this document. The key issues commented upon were:

- Use of the phrase 'understand' in places where AMHPs should be going beyond this and able to 'apply, analyse or evaluate'.
- Use of the phrase 'understand' which is difficult to measure instead of 'be able to' which is more quantifiable.
- Use of 'must' which some respondents felt was patronising and suggested education providers or AMHPs needed to be instructed.
- Use of 'aegrotat' and 'external reference frameworks' in section one, which several respondents felt needed explaining or rewording into plain English.

- 4.26 A few respondents suggested that some of the criteria were difficult to implement as a result of the language used. They commented that words such as 'adequate', 'appropriate' and 'effective' were vague and should be replaced with more concrete language to provide more measurable indicators for assessment.
- 4.27 The consultation welcomed comments about the term 'mental disorder' and several respondents commented that it was appropriate to use the terminology employed in the mental health legislation. However, a couple of respondents felt that the term was out dated and potentially derogatory. These respondents felt that the terms 'mental distress', 'serious psychological distress' or 'person suffering mental distress' were more appropriate and more service user friendly.
- 4.28 Use of the term 'service user' instead of 'patient' was welcomed as a positive step by a couple of respondents.

6) Do you have any other comments on the criteria?

- 4.28 A few respondents indicated that they had other comments to make regarding the standards.
- A couple of respondents stressed the importance of the criteria being auditable and updated according to changing law and new inquiry results.
 - A few respondents commented on the way in which the Regulations had been re-categorised in the criteria and felt that it did not always follow a logical structure and needed to be reviewed.
 - Others commented that the way in which section 1 and section 2 had been separated was somewhat unclear. A few respondents asked for clarification on the purpose of section 2, and one suggested it be removed as they felt it did little more than rephrase the Regulations.
 - One respondent felt that it was imperative that the criteria drew on social work more heavily and corresponded with the GSCC's social work post-qualifying framework.
 - A few other respondents argued the importance of a multi-professional approach. These respondents felt that professions such as occupational therapy and nursing had been marginalised from AMHP practice as most courses, criteria and guidance are heavily influenced by social work.

5. Our responses

- 5.1 The following section sets out our response to the comments we received in the consultation and identifies areas for further action.
- 5.2 We received a range of comments about the standards, suggested amendments and possible additional standards which we have carefully considered.

Interaction with the Regulations and other frameworks

- 5.3 Many respondents commented on the way in which the criteria used the Regulations and a number of respondents sought clarification on the way in which the criteria for approving AMHP programmes were drafted in reference to the regulations.
- 5.4 We devised section 2 of our criteria according to the competencies set out in Schedule 2 to the Regulations. We aimed to reflect the content of the Regulations in this section so that a student who completes an approved AMHP course fulfils Schedule 2 to the Regulations. We did not exactly replicate the Regulations in this section as we wanted to ensure that the criteria were similar in style to our other standards and focused on outcomes.
- 5.5 Following the responses to this consultation we have reviewed the criteria against the Regulations once more. As a result, we have expanded some of the criteria to ensure that we have covered all areas set out in the Regulations, and changed some of the language in the criteria so that they more explicitly reference the Regulations. We have also reworded or separated criteria that some respondents felt distorted the meaning of the Regulations.
- 5.6 Several respondents were concerned that the criteria proposed by the HCPC contained aspects that were not included in the Regulations, and a few respondents felt that this expanded the role of the AMHP beyond legal requirements. Other respondents felt that these criteria replicated issues already covered in the criteria and needlessly focused on particular areas of AMHP practice.
- 5.7 The criteria in question were previously included in the GSCC's requirements for approving AMHP programmes when they had responsibility for this. We have reviewed these criteria against the Regulations once more and decided to remove some of the criteria. We removed those which we considered to replicate the issues already covered in our criteria that were devised from the regulations.
- 5.8 The table overleaf explains our decisions.

Criterion	Respondents' comments	Our responses
<p>Criterion 7.7 in appendix 3.</p> <p>Understand relevant research on the origins and treatment of mental health disorders across specific groups including children, young people, people with learning disability, older people and people with sensory impairment.</p>	<p>A few respondents were concerned that this criterion focuses only on research into the origins and treatment of mental disorders, where other areas were also appropriate.</p>	<p>We agree with respondents who commented on this criterion. Criterion 3.2 in appendix 1 appropriately covers a range of research and this criterion unnecessarily focuses on one aspect. As a result we have removed this criterion.</p>
<p>Criterion 7.10 in appendix 3.</p> <p>Understand the impact and presentation of mental distress across the lifespan.</p>	<p>Several respondents felt that this criterion would need to be met in order to meet the other knowledge requirements and as such is unnecessary.</p>	<p>In order to understand the issues in criteria 1.3-1.9 in appendix 1, AMHPs would need knowledge of mental distress across the lifespan. As a result we have removed this criterion.</p>
<p>Criterion 7.11 in appendix 3.</p> <p>Understand complexity, including the interrelationship between drugs and substance misuse and mental health disorders, and the implications for intervention.</p>	<p>A few respondents felt that this criterion needlessly focuses on one specific complexity relating to AMHP practice, when several others are as relevant.</p>	<p>Criterion 1.4 in appendix 1 refers to understanding the contribution and impact of social, physical and development factors on mental health, which would cover a range of complexities including substance misuse. We have therefore removed this criterion.</p>
<p>Criterion 7.12 in appendix 3.</p> <p>Understand the impact of physical health conditions on mental health.</p>	<p>Several respondents felt that this area was specifically covered in other parts of the criteria.</p>	<p>We have removed this criterion as criterion 1.4 in appendix 1 refers to understanding the contribution and impact of physical and developmental factors, which covers this issue.</p>
<p>Criterion 5.6 in section 2 of appendix 3.</p> <p>Be able to work within local, regional and national resources for the support of people experiencing mental distress, their families and carers.</p>	<p>One respondent felt this issue was covered in other aspects of the criteria. Another felt that it was a pre-registration requirement and therefore needn't be stipulated in the criteria.</p>	<p>We agree that the issues in this criterion are sufficiently covered by criteria 6.3 and 6.4 in appendix 1. As a result we have decided to remove this criterion.</p>

Purpose of the criteria

- 5.9 The criteria for approving AMHP programmes we have developed are designed to set out requirements education providers will need to meet in order to deliver an approved AMHP programme, and the competencies that all students who have completed an approved AMHP programme should be able to meet.
- 5.10 The criteria do not stand alone and are designed to sit alongside other HCPC standards, such as the standards of proficiency for each profession and the standards of conduct, performance and ethics which are relevant to all professionals on the HCPC Register.
- 5.11 In the case of nurses trained to become AMHPs, the HCPC's criteria for approving AMHP programmes will sit alongside the standards that the Nursing and Midwifery Council (NMC) set.
- 5.12 Given that students completing AMHP programmes will be registered professionals, the criteria does not cover ethical issues or pre-registration skills and requirements as trained AMHPs registered with either the HCPC or NMC will already be adhering to the sets of standards that cover these issues.

Level of detail in the criteria

- 5.13 Many of the comments we received suggesting additional and amended criteria were intended to provide more prescriptive detail about the requirements for education providers. Several respondents were concerned that the high level nature of the proposed criteria may allow for multiple interpretations and therefore create disparity in the qualification levels offered by different institutions.
- 5.14 We have written section 1 that outlines criteria aimed at education providers in the same way as the standards for education and training that apply to pre-registration programmes we approve, though we have been careful to tailor the requirements to the post-registration nature of AMHP programmes. We have aimed to set threshold criteria which ensure the outcomes of education and training rather than stipulate exactly the way in which the criteria can be met.
- 5.15 In order to ensure that all programmes meet the level required for safe and effective practice, trained professionals with relevant AMHP expertise will visit education providers and assess the programmes against the criteria prior to approval. This ensures that the criteria are interpreted appropriately according to relevant AMHP practice.
- 5.16 Further, we aim to produce a document that maps the criteria for approved AMHP programmes against our existing standards for education and training guidance in order to give education providers more guidance as to how the criteria for AMHP programmes should be implemented in practice.
- 5.17 Several respondents felt more detail should be provided in section 2, outlining the threshold competencies for AMHPs. Some respondents suggested additional criteria that were relevant to specific professions. However, when making

decisions about whether to make changes to the criteria, we must consider whether the changes would make the criteria too specific or limit the scope of the criteria, as the criteria relates to the AMHP role, which can be performed by a number of different professions.

- 5.18 The criteria for approving AMHP programmes are designed to equip registrants with the threshold skills necessary to engage in safe and effective AMHP practice.

Level of AMHP programmes

- 5.19 We received a number of comments suggesting that we should specify the expected academic level of AMHP programmes in the criteria. The most frequently requested level was masters level. However, other respondents did not comment on this area, or said that they did not have a strong view. In general, a clear rationale as to why this was necessary for public protection was not given, but respondents sometimes mentioned that this level was previously required by the GSCC.
- 5.20 Standard 1 of our standards of education and training which apply to pre-registration programmes sets out the threshold level of qualification (specified as the name of an award) that we 'normally' expect for entry to the Register in each profession. We say 'normally' because we could not refuse to approve a programme which did not result in this level of qualification but which nonetheless met all of our remaining standards.
- 5.21 The GSCC formerly approved postgraduate post-qualifying (PQ) awards in social work via its 'PQ framework'. The programmes that train AMHPs are sometimes collections of modules which form part of wider postgraduate awards in mental health. We will only be involved in approving the AMHP component of these awards. We will start to visit and approve these programmes against the new criteria from September 2014.
- 5.22 We have carefully considered the arguments we received. We have decided not to include a level in the criteria at this time, but will review this in the future and in light of the upcoming visits to these programmes.

Role of employers

- 5.23 A number of respondents suggested that the HCPC introduce criteria aimed at employers. They were concerned that employers may put policies or procedures in place that endanger individual AMHPs or put them in situations that conflict with particular criterion.
- 5.24 The HCPC regulates individual professionals rather than service users or organisations, and as such we are unable to set criteria for employers to meet. However, we recognise that the criteria and the other standards we set do not exist in a vacuum and that individual AMHPs will be required to work according to employer led policies and procedures. The purpose of these criteria is to set out the requirements of AMHP programmes, including the competencies that a

newly qualified AMHP will need to have acquired during their education and training.

Reviewing AMHP practice

- 5.25 Several respondents were concerned with the governance systems in place to manage safe and effective AMHP practice. Some suggested that additional standards requiring CPD in relation to AMHP practice were necessary.
- 5.26 All professionals on the HCPC's register must undertake CPD in order to remain registrant. A registrant must undertake a range of learning activities relevant to their area of practice in order to meet our CPD standards. If a registrant is appropriately qualified and practising as an AMHP, we would expect that some of their CPD relates to their AMHP practice.
- 5.27 A sample of each profession is selected for CPD audit every two years, coinciding with the renewal of registration, to check that the standards for CPD are being met. More information about our CPD processes can be found on our website: www.hcpc-uk.org/registrants/cpd/
- 5.28 In the case of nurses trained and practising as an AMHP, they will be required to meet the NMC's CPD standards. The NMC's outlines their approach to CPD on their website: www.nmc-uk.org/Publications/Standards/
- 5.29 A few respondents asked how we would keep the criteria up to date with developments in AMHP practice. We undertake an on-going and periodic review of all standards we set to ensure that they continue to be fit for purpose and that stakeholders understand their content. The criteria for approving AMHP programmes will be subject to this review process.

Service user and carer involvement in AMHP programmes

- 5.30 Most respondents to the consultation indicated that service user involvement should be included in AMHP education and a number of respondents indicated that they wished to see the standard extended to service user and carer.
- 5.31 As a result of the separate consultation on service user involvement in HCPC approved education and training programmes, a standard requiring service user and carer involvement will be added to the existing standards of education and training (which apply to pre-registration programmes) with appropriate guidance. In line with this, the related criterion in the criteria for the approval of AMHP programmes will be modified to require the involvement of service users and carers in approved AMHP programmes.
- 5.32 Several respondents suggested that the criteria should include more prescriptive detail about the involvement of service users and carers by education providers. The mapping document that we aim to produce will direct education providers to the guidance we have recently agreed for the service user and carer involvement standard in the standards for education and training.

Terminology

- 5.33 The consultation welcomed discussion on the use of the term 'mental disorder' in the criteria and we received mixed comments in response. The draft criteria we consulted on used the term 'mental health disorder'.
- 5.34 Many respondents were content with the term 'mental disorder' as this is the terminology used in the Regulations and related mental health legislation. We have therefore decided to change references to 'mental health disorder' to 'mental disorder' as this is the exact phrase used in the Regulations.
- 5.35 However, we are aware of the sensitivities around the language in this area and several respondents drew attention to a variety of different phrases. We will therefore add a section in the introduction of the published criteria to explain our use language in this area and more generally.

Our decisions

- 5.36 We have made a number of changes to the criteria based on the comments we received in consultation.
- We have removed the criteria about English language proficiency and health requirements criterion from the programme admission requirements. This is to reflect that students on AMHP programmes are qualified professionals who are already registered and employed. We have also rephrased and separated out the other parts of this criterion for clarity and to bring them into line with other standards for post-registration education we have recently agreed. (Previously criterion 1.2 in section 1 of appendix 3, now criteria A.2 and A.3 in appendix 1).
 - We have removed the criterion about students acting as service users as it was not relevant to AMHP programmes. (Previously criterion 2.14 in section 1 of appendix 3).
 - We have changed the service user involvement criterion to require service user and carer involvement, in line with the outcome of the consultation on service user involvement in education and training. (Criterion B.15 in appendix 1).
 - We have removed five of the criteria that originally came from the GSCC's framework as they were sufficiently covered by other criteria derived from the Regulations. (Previously 5.6, 7.7, 7.10, 7.11 and 7.12 in section 2 of appendix 3)
 - We have expanded a number of criteria to include elements of the Regulations that were previously missing. (Criteria 2.3, 3.2, 5.2 and 7.5 in appendix 1)
 - We have changed references to 'mental health disorder' to 'mental disorder' to reflect the terminology used in the Regulations. (Criteria 1.3, 1.5 and 1.6 in appendix 1)

- We have reworded a number of criteria in section 2 in light of feedback we received, where appropriate the wording has been rephrased to more explicitly reflect the Regulations. (Criteria 1.5, 1.6, 1.7, 2.1, 2.2, 4.2, 4.3, 5.1, 5.4, 6.1, 6.2, 7.1, 7.2 and 7.4 in appendix 1)
- We have separated several criteria in section two in response to feedback we received that some of the criteria covered too many issues at once. (Criteria 1.4, 1.7, 5.3 in appendix 1)
- As a result of feedback, we have reworded the criteria about AMHPs demonstrating sensitivity to a range of factors to provide further clarification. We have also moved it from the knowledge section to the equality and diversity section, where it is more appropriate. We have reworded criterion 1.1 in the knowledge section as a result of this change. (Criterion 1.1 and 4.1 in appendix 1)
- We have added 'age' and 'disability' to the list of sensitivities AMHPs should be able to demonstrate in their practice. (Criterion 4.1 in appendix 1)
- We have reordered the sections and the criteria in section 2 to improve the coherence of the document and renumbered the criteria where appropriate.
- We have inserted a sentence preceding the criteria in section 2 to explain that the criteria are based on the Schedule 2 to the Regulations.
- We have changed the numbering of the section for education providers to letters for visible distinction between these criteria and those in section 2.
- We will produce a mapping document that will map the criteria in section 1 against the standards for education and training which provides further guidance on how education providers may meet the standards.

5.37 We have set out the draft revised criteria following consultation in appendix 1.

6. List of respondents

We have listed below the organisations who responded to our consultation.

Bournemouth Borough Council
Bournemouth University – Post-Qualifying Social Work (PQSW) team
British Association of Social Workers
Calderdale Council
Carers Trust
College of Occupational Therapists
Ealing Adult Social Services
East and West Midlands Training Partnership Management Group
Hampshire County Council
Isle of Wight Council
Mersey Care NHS Trust
Rotherham, Doncaster and South Humber NHS Foundation Trust
Royal College of Nursing
Reading Borough Council
Ruskin College
Southampton City Council
Southampton City Council - Social Services team
Staffordshire County Council
Sutton Carers Centre
Telford and Wrekin Council
The College of Social Work – AMHP Community of Interest
The Nursing and Midwifery Board of Ireland
Tower Hamlets Social Services
University of Cumbria
University of Lincoln – AMHP training programme
University of Wolverhampton
Wandsworth Carers' Centre
West London Mental Health Trust

Appendix 1: Criteria for approved mental health professional programmes

New standards are shown in **bold and underlined**. Deletions are shown in ~~strikethrough~~.

Section 1: Education providers

This section sets out criteria around how an education provider must design and deliver an AMHP programme.

1. Programme admissions

No	Criterion
<u>A.1</u>	The admissions procedures must give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on an programme
A.2	The admissions procedures must apply selection and entry criteria, including: <ul style="list-style-type: none"> • evidence of a good command of reading, writing and spoken English • evidence of appropriate professional registration • appropriate academic entry requirements • compliance with any health requirements • appropriate accreditation of prior (experiential) learning and other inclusion mechanisms
<u>A.2</u>	<u>The admissions procedures must apply selection and entry criteria, including appropriate academic and professional entry standards</u>
<u>A.3</u>	<u>The admissions procedures must apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms</u>
<u>A.4</u>	The admissions procedures must ensure that the education provider has equality and diversity policies in relation to applicants and students ¹ , together with an indication of how these will be implemented and monitored

2. Programme management and resources

<u>B.1</u>	The programme must have a secure place in the education provider's business plan
<u>B.2</u>	The programme must be effectively managed
<u>B.3</u>	The programme must have regular monitoring and evaluation systems in place

¹ Throughout this document, 'students' means registered professionals completing AMHP programmes

B.4	There must be a named person who has overall professional responsibility for the programme who must be appropriately qualified and experienced and, unless other arrangements are agreed, be on the relevant part of an appropriate professional register
B.5	There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme
B.6	Subject areas must be taught by staff with relevant specialist expertise and knowledge
B.7	A programme for staff development must be in place to ensure continuing professional and research development
B.8	The resources to support student learning in all settings must be effectively used
B.9	The resources to support student learning in all settings must effectively support the required learning and teaching activities of the programme
B.10	The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to students and staff
B.11	There must be adequate and accessible facilities to support the welfare and wellbeing of students in all settings
B.12	There must be a system of academic and pastoral student support in place
B.13	There must be a student complaints process in place
2.14	Where students participate as service users in practical and clinical teaching, appropriate protocols must be used to obtain their consent
B.14	Throughout the course of the programme, the education provider must have identified where attendance is mandatory and must have associated monitoring mechanisms in place
B.15	Service users and carers must be involved in the programme

3. Curriculum

C.1	The learning outcomes must ensure that those who successfully complete the programme meet the criteria in section 2
C.2	The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance
C.3	Integration of theory and practice must be central to the curriculum
C.4	The curriculum must remain relevant to current practice
C.5	The curriculum must make sure that students understand the implications of the HCPC's standards of conduct, performance and ethics and/or the NMC's code: standards of conduct, performance and ethics for nurses and midwives on their practice as an AMHP
C.6	The delivery of the programme must support and develop autonomous and reflective thinking
C.7	The delivery of the programme must encourage evidence-based practice

C.8	The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum
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4. Practice placements

D.1	Practice placements must be integral to the programme
D.2	The number, duration and range of practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes
D.3	The practice placement settings must provide a safe and supportive environment
D.4	The education provider must maintain a thorough and effective system for approving and monitoring all placements
D.5	The placement providers must have equality and diversity policies in relation to students, together with an indication of how these will be implemented and monitored
D.6	There must be an adequate number of appropriately qualified and experienced staff at the practice placement setting
D.7	Practice placement educators must have relevant knowledge, skills and experience
D.8	Practice placement educators must undertake appropriate practice placement educator training
D.9	Practice placement educators must be appropriately registered, unless other arrangements are agreed
D.10	There must be regular and effective collaboration between the education provider and the practice placement provider
D.11	Students, practice placement providers and practice placement educators must be fully prepared for placement which will include information about an understanding of: <ul style="list-style-type: none"> • the learning outcomes to be achieved; • the timings and the duration of any placement experience and associated records to be maintained; • expectations of professional conduct; • the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and • communication and lines of responsibility.
D.12	Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct
D.13	A range of learning and teaching methods that respect the rights and needs of service users and colleagues must be in place throughout practice placements

5. Assessment

E.1	The assessment strategy and design must ensure that the student who successfully completes the programme has met the competencies set out in section 2 of the criteria
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<u>E.2</u>	All assessments must provide a rigorous and effective process by which compliance with external-reference frameworks can be measured
<u>E.3</u>	Professional aspects of practice must be integral to the assessment procedures in both the education setting and practice placement setting
<u>E.4</u>	Assessment methods must be employed that measure the learning outcomes
<u>E.5</u>	The measurement of student performance must be objective and ensure safe and effective practice as an AMHP
<u>E.6</u>	There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment
<u>E.7</u>	Assessment regulations must clearly specify requirements for student progression and achievement within the programme
<u>E.8</u>	Assessment regulations must clearly specify that any requirements for an aegrotat award which may be made will not lead to eligibility to be approved as an AMHP
<u>E.9</u>	Assessment regulations must clearly specify requirements for a procedure for the right of appeal for students
<u>E.10</u>	Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from the relevant part of an appropriate professional register

Section 2: Approved Mental Health Professionals

Education providers must make sure that professionals who complete their AMHP training can meet the criteria set out below.

We have based these criteria on Schedule 2 to the Mental Health (Approved Mental Health Professionals) (Approval) (England) Regulations 2008.

7. Knowledge

<u>1.1</u>	Understand, and be able to apply, mental health legislation, related codes of practice and national and local policy and guidance applicable to the role of an AMHP, <u>and be able to apply this in practice</u>
<u>7.2</u>	Understand, and be able to apply parts of other legislation relevant to their practice as an AMHP with sensitivity to race, culture, gender, sexuality, religion and belief
<u>1.2</u>	Understand the legal position and accountability of AMHPs, employers and the authority the AMHP is acting for in relation to the Mental Health Act 1983
<u>1.3</u>	Understand and be able to apply a range of models of mental health disorder, including the contribution of social, physical and development factors, <u>and be able to apply them in practice</u>

1.4	<u>Understand the contribution and impact of social, physical and development factors on mental health, and be able to apply this in practice</u>
1.5	Understand the social perspective on mental health disorders and mental health needs in working with service users, families, <u>their relatives</u> , carers and colleagues <u>other professionals</u> and its impact on practice, <u>and be able to apply this in practice</u>
1.6	Understand the implications of mental health disorders and a range of treatments and interventions for service users, families, <u>their relatives</u> , carers and colleagues <u>other professionals</u> , and its impact on practice, <u>and be able to apply this in practice</u>
1.7	<u>Understand the implications of a</u> range of treatments and interventions for service users, <u>their relatives</u> families, and carers and colleagues, <u>and be able to apply this in practice</u>
1.8	Understand child and adult protection procedures in relation to AMHP work
1.9	Understand the needs of children and young people and their families and the impact those needs have on AMHP practice
7.7	Understand relevant research on the origins and treatment of mental health disorders across specific groups including children and young people, people with learning disability, older people and people with sensory impairment
7.10	Understand the impact and presentation of mental distress across the lifespan
7.11	Understand complexity, including the interrelationship between drugs and substance misuse and mental health disorders, and the implications for intervention
7.12	Understand the impact of physical health conditions on mental health

4. Autonomous practice

2.1	Be able to practise as an autonomous professional, exercising <u>exercise</u> appropriate use of independence, authority and autonomy <u>in the AMHP role</u>
2.2	Be able to recognise, assess and manage <u>effectively</u> the risks linked <u>related</u> to the AMHP role
2.3	Be able to manage anxiety, risk and conflict <u>and understand its impact on AMHP practice</u>

2. Informed decision making

3.1	Be able to evaluate critically local and national policy to inform AMHP practice
3.2	Be able to draw on, <u>and evaluate critically</u> , a range of research relevant to evidence-based AMHP practice
3.3	Be able to gather, analyse and share information appropriately

3. Equality and Diversity

4.1	Be able to demonstrate sensitivity to factors such as race, gender, age, sexuality, disability, culture, religion and belief in AMHP practice
4.2	Be able to use AMHP practice to identify, challenge and redress discrimination and inequality in AMHP practice
4.3	Understand and respect a service users' qualities, abilities and diverse backgrounds
4.4	Be able to promote the rights, dignity and self-determination of service users consistent with their own needs and wishes to enable them to contribute to the decisions made affecting their quality of life and liberty
4.5	Be able to demonstrate sensitivity to a service user's needs for personal respect, confidentiality, choice, dignity and privacy

4. Communication

5.1	Be able to communicate effectively with service users, relatives families, and carers and colleagues when undertaking the AMHP role
5.2	Be able to communicate advice, instruction, information and professional opinion, including presenting a case at a hearing providing verbal and written reports
5.3	Be able to present a case at a legal hearing
5.4	Be able to balance and manage the competing requirements of confidentiality and effective information sharing to the benefit of the service user and other persons concerned with the service user's care service users, families, carers and colleagues

5. Collaborative working

6.1	Be able to work with service users, families, carers and others colleagues to evaluate the outcomes of interventions and identify any unmet needs
6.2	Be able to build and sustain effective professional relationships with service users, relatives families and carers when undertaking the AMHP role
6.3	Be able to work as an AMHP in partnership with others, including inter-agency and inter-professional working
6.4	Understand the roles and responsibilities of other professionals involved in statutory mental health work
6.5	Be able to use networks and community groups to influence collaborative working with service users, agencies and advocates

<u>5.6</u>	Be able to work within local, regional and national resources for the support of people experiencing mental distress, their families and carers
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6. Assessment and intervention

<u>7.1</u>	Be able to identify outcomes and make <u>appropriate</u> decisions that <u>are sensitive to</u> reflect the service user's needs <u>needs of the service user</u>
<u>7.2</u>	Be able to assess the suitability <u>feasibility</u> of, and contribute <u>effectively</u> to, planning and implementing options for care of the service user
<u>7.3</u>	Be able to plan, negotiate and manage compulsory admission to hospital or arrangements for supervised community treatment
<u>7.4</u>	Be able to manage and co-ordinate effectively the relevant legal and practical processes, including the involvement of colleagues, <u>other professionals as well as</u> service users, families, relatives <u>and</u> carers and colleagues
<u>7.5</u>	Be able to complete statutory documentation, <u>including an application for admission</u> , and written records in accordance with applicable legislation, protocols and guidelines

Appendix 2: Suggested additional criteria

Section 1: Education providers	
Subsection	Additional criteria
Programme admissions	<p>Several respondents felt that a criterion should be added to make basic mental health experience/knowledge a requirement for admission.</p> <p>Another respondent felt that a criterion should be introduced which would require applicants to take a values based test to ensure their compatibility with the learning outcomes outlined in the equality and diversity section.</p> <p>One respondent felt that all applicants to AMHP programmes should be interviewed by an admissions panel comprised of academic staff and members of social services, a mental health service user and a carer.</p> <p>Another respondent stressed the role of the service user more strongly, and felt that an admission criterion stipulating the requirement of service user involvement at the admission stage should be introduced.</p>
Programme management and resources	<p>One respondent felt that timescales should be set by the HCPC within which the completion of AMHP courses must take place.</p> <p>One respondent wished to see a criterion that focuses on the way in which elements of the course should be balanced, and a number of other respondents wanted the criteria to stipulate the number of hours of teaching, practice and non-contact hours of which an AMHP course should comprise.</p> <p>Several respondents felt that the HCPC should introduce a criterion which would stipulate the academic level of an AMHP course, and many suggested it should be masters level.</p> <p>One respondent felt a criterion should be introduced to require appropriate structures within the education programme which relate to their relationship with the practice placements. The respondent felt this particularly in relation to student fitness to practice; that processes and accountability should need to be agreed between the practice placement and education provider partners.</p> <p>One respondent articulated that though the criteria makes mention of support systems in place for</p>

	<p>students, the HCPC should go further to ensure that formal supervision is a system embedded in AMHP courses.</p> <p>Several respondents suggested that they would like to see further criteria in this section which gave direction and made stipulations about the involvement of service users and carers to ensure that it does not become tokenistic. A few of these respondents articulated that they would like to see the addition of a criterion that requires service users and carers to be involved in all stages of the programme, where others expressed service user involvement is most important in the design of AMHP programmes.</p> <p>A further respondent wished to see a criterion introduced that ensured employer involvement in the design, management, evaluation and review of AMHP programmes.</p>
Curriculum	<p>Several respondents felt that the curriculum criteria should also cover:</p> <ul style="list-style-type: none"> • lone worker practice; • out of hours consultation practice; and, • the practice of working with the police, ambulance service, hospital staff and other professionals who play a part in the assessment process. <p>A further respondent felt that the proposed curriculum criteria are too narrow and should include further criteria to broaden students' knowledge of treatments. This respondent felt that a broader knowledge base is essential to adequate assessment and further treatment.</p> <p>One respondent felt that this section should include additional criteria which placed increased emphasis on the complexities of mental disorders and the relevant legislation.</p> <p>Several other respondents felt that a criterion should be introduced in this section explicitly referencing specific legislation. The suggestions we received covered the following:</p> <ul style="list-style-type: none"> • Mental Health Act (1983/2007) • Mental Health Regulations (2008) • Mental Capacity Act (2005) • Human Rights Act (1998) • NHS and Community Care Act (1990) <p>Of these respondents, one also felt that education providers should be required to have specific</p>

	<p>knowledge and expertise of case law as well as stature.</p> <p>A few respondents wanted to see the integration and awareness of the Triangle of Care in the AMHP curriculum criteria, and one respondent felt that there should also be an emphasis on the importance of the social perspective and values in the curriculum criteria.</p>
Practice Placements	<p>Several respondents felt that further criteria should be added to include more specific requirements relating to the practice placements. They suggested that the criteria should:</p> <ul style="list-style-type: none"> • stipulate the minimum length of time for practice placement; and, • outline the structure and direction around placement provisions and expectations.
Assessment	<p>One respondent felt that a criterion should be added which specified requirements for student progression and achievement within the programme. The same respondent felt that the criteria should specific requirements on resubmission processes.</p> <p>One respondent felt that all assessments of the practice portfolio should be undertaken by an AMHP independent from the practice placement employer, who at least five years practice experience, and this should be reflected in the assessment criteria.</p> <p>A further respondent felt that the criteria for assessment should include a criterion that required employer involvement in the assessment procedures of AMHP programmes.</p>

Section 2: Approved mental health professionals

Subsection	Additional criteria
Autonomous practice	<p>One respondent felt felt that a further criterion should be added to ensure that an AMHP is able to use consultation and supervision appropriately.</p> <p>Several respondents felt that this section should include a criterion which highlighted understanding the complexity of lone worker practice and out of hours practice, whereby a AMHP may be placed in more risky situations.</p> <p>A few of these respondents further argued that there was a need for a criterion related to AMHPs being</p>

	able to look themselves and appropriately deal with their own emotions; managing any anger or anxiety they make experience as a result of the situations they may encounter.
Informed decision making	Several respondents wished to see criteria in this section that explicitly referenced the following legislation to ensure AMHPs decisions were appropriately informed: <ul style="list-style-type: none"> • Mental Health Act (1983/2007) • Mental Health Regulations (2008) • Mental Capacity Act (2005)
Equality and diversity	One respondent was particularly concerned about issues around Mental Health related to disability, particularly in reference to deafness. This respondent felt that all AMHPs should be aware of the complexities surrounding these issues. One respondent felt that that AMHPs should have awareness of social care and understand that different types and methods of care will differ according to the situational context.
Communication	One respondent felt that a criterion should be added to ensure that an AMHP is able to provide reasoned and clear verbal and written reports and statutory documents, including an application for admission. One respondent felt that the criteria should refer explicitly to practice which involves communicating appropriately in times of crisis. E.g. ensuring vital information regarding detention is conveyed at a time when a service user may have impaired cognition.
Collaborative working	One respondent felt that a criterion focusing on the need to understand and participate in joint working with external services is necessary. Similarly, another felt that this section should include a criterion which explicitly emphasised the importance of being able to work collaboratively with police, ambulance service, hospital staff, doctors and other professionals who play a part in the assessment process.
Assessment and intervention	A few respondents felt it was crucial that a criterion is be added to reflect the way in which AMHPs should consider the impact of imposing a Section on the lives of the service user and those people close to them. A further respondent felt that a criterion should be added to reflect the importance of incorporating the concept of recovery in any assessment approach made.

	<p>One respondent felt a criterion should be added which addressed the changing role of the AMHP and how it differs under civil proceedings and criminal proceedings.</p> <p>One respondent felt that a criterion should be introduced in this section that provides clarification as to decisions over use of nearest relative where there may be grounds for exclusion.</p>
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Appendix 3: Suggested amendments to the criteria

This section sets out the changes that respondents suggested to the standards. The original standards are shown on the left, with the proposed standards on the right. Proposed deletions are shown in ~~strikethrough~~, whilst additions are shown in **bold**. Blank spaces indicate that we did not receive any comments specific to that standard.

Section 1: Education providers

1. Programme admissions

No	Criterion	Suggested amendments
1.1	The admissions procedures must give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on an programme	
1.2	The admissions procedures must apply selection and entry criteria, including: <ul style="list-style-type: none"> evidence of a good command of reading, writing and spoken English evidence of appropriate professional registration appropriate academic entry requirements compliance with any health requirements appropriate accreditation of prior (experiential) learning and other inclusion mechanisms 	
1.3	The admissions procedures must ensure that the education provider has equality and diversity policies in relation to applicants and students, together with an indication of how these will be implemented and monitored	

2. Programme management and resources

2.1	The programme must have a secure place in the education provider's business plan	One respondent felt this criterion needed expanding for clarity and suggested the following:
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		<ul style="list-style-type: none"> The programme must have a secure place in the education provider's business plan to ensure that all enrolled students are able to complete the course and have all required work, including that from any extended deadlines or resubmissions, assessed.
2.2	The programme must be effectively managed	
2.3	The programme must have regular monitoring and evaluation systems in place	
2.4	There must be a named person who has overall professional responsibility for the programme who must be appropriately qualified and experienced and, unless other arrangements are agreed, be on the relevant part of an appropriate professional register	
2.5	There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme	
2.6	Subject areas must be taught by staff with relevant specialist expertise and knowledge	
2.7	A programme for staff development must be in place to ensure continuing professional and research development	
2.8	The resources to support student learning in all settings must be effectively used	One respondent argued that there is little difference between this criterion and the criterion 2.9 that directly follows it, therefore the two should be amalgamated or one should be deleted.
2.9	The resources to support student learning in all settings must effectively support the required learning and teaching activities of the programme	One respondent argued that there is little difference between this criterion and the criterion 2.8 that directly precedes it, therefore the two should be amalgamated or one should be deleted.
2.10	The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to students and staff	<p>One respondent felt this should be changed to read:</p> <ul style="list-style-type: none"> The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to students and staff in all institutions used to deliver training.

2.11	There must be adequate and accessible facilities to support the welfare and wellbeing of students in all settings	
2.12	There must be a system of academic and pastoral student support in place	
2.13	There must be a student complaints process in place	
2.14	Where students participate as service users in practical and clinical teaching, appropriate protocols must be used to obtain their consent	A few respondents felt that this criterion was unnecessary for the purposes of a post registration training course, and should be removed.
2.15	Throughout the course of the programme, the education provider must have identified where attendance is mandatory and must have associated monitoring mechanisms in place	
2.16	Service users must be involved in the programme	<p>Many respondents felt this criterion should be reworded to include the carer perspective, and should be used throughout the document wherever service user is stipulated:</p> <ul style="list-style-type: none"> • Service users and carers must be involved in the programme. <p>One respondent suggested a variation on this change, to read the following</p> <ul style="list-style-type: none"> • Service users, their family members and their carers must be involved in the programme. <p>Several respondents felt that the involvement necessary should be clarified:</p> <ul style="list-style-type: none"> • Service users should be involved in appropriate ways with all parts of training programmes so as to effectively enhance the learning experience. • Service users and carers should be involved in the design of the programme.

3. Curriculum

3.1	The learning outcomes must ensure that those who successfully complete the programme meet the criteria in section 2	
3.2	The programme must reflect the philosophy, core values,	

	skills and knowledge base as articulated in any relevant curriculum guidance	
3.3	Integration of theory and practice must be central to the curriculum	
3.4	The curriculum must remain relevant to current practice	
3.5	The curriculum must make sure that students understand the implications of the HCPC's standards of conduct, performance and ethics and/or the NMC's code: standards of conduct, performance and ethics for nurses and midwives on their practice as an AMHP	
3.6	The delivery of the programme must support and develop autonomous and reflective thinking	
3.7	The delivery of the programme must encourage evidence-based practice	
3.8	The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum	

4. Practice placements

4.1	Practice placements must be integral to the programme	<p>One respondent felt that all references to practice placements should be changed to 'practice learning opportunity'.</p> <p>One respondent felt the importance of practice placements should be stressed in this criterion:</p> <ul style="list-style-type: none"> Practice placements must be integral to the programme and constitute protected time that is not impacted by academic deadlines
4.2	The number, duration and range of practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes	
4.3	The practice placement settings must provide a safe and supportive environment	
4.4	The education provider must maintain a thorough and	

	effective system for approving and monitoring all placements	
4.5	The placement providers must have equality and diversity policies in relation to students, together with an indication of how these will be implemented and monitored	
4.6	There must be an adequate number of appropriately qualified and experienced staff at the practice placement setting	<p>One respondent felt that this criterion should be reworded to include more prescriptive detail:</p> <ul style="list-style-type: none"> • There must be at least one practising AMHP at the placement setting, who has agreed to work with the student towards the achievement of their learning outcomes. There must be a contingency plan in the event of an AMHP ceasing to be available at the placement setting during the placement. <p>Another respondent suggested that it be reworded to say:</p> <ul style="list-style-type: none"> • There must be an adequate number of appropriately qualified and experienced staff at the practice placement setting. The practice placement educator need not be based at the placement setting but is required to meet regularly with the student to discuss their progress, support learning and assess competence.
4.7	Practice placement educators must have relevant knowledge, skills and experience	<p>One respondent felt that this criterion should be expanded on in the following way:</p> <ul style="list-style-type: none"> • Practice placement educators must have relevant knowledge, skills and experience. They should have worked as an AMHP for at least two years, some of which must be within two years of the student starting their placement. The practice educator need not be based at the placement setting.
4.8	Practice placement educators must undertake appropriate practice placement educator training	Several respondents felt that this criterion was unclear and wished to see it expanded to include the standard of training that is required, e.g. training programmes offered by employers or specific training programmes taught by education providers etc.
4.9	Practice placement educators must be appropriately registered, unless other arrangements are agreed	One respondent felt that this criterion should be reworded to include the type of registration that is necessary, e.g.

		<p>professional regulation registration. Another respondent, arguing the same, suggested a potential rewording:</p> <ul style="list-style-type: none"> Practice placement educators must be must be appropriately registered, unless other arrangements are agreed a registered social worker, nurse, occupational therapist or psychologist in accordance with the professional requirements of the AMHP Approval Regulations.
4.10	There must be regular and effective collaboration between the education provider and the practice placement provider	
4.11	<p>Students, practice placement providers and practice placement educators must be fully prepared for placement which will include information about an understanding of:</p> <ul style="list-style-type: none"> the learning outcomes to be achieved; the timings and the duration of any placement experience and associated records to be maintained; expectations of professional conduct; the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and communication and lines of responsibility. 	
4.12	Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct	
4.13	A range of learning and teaching methods that respect the rights and needs of service users and colleagues must be in place throughout practice placements	

5. Assessment

5.1	The assessment strategy and design must ensure that the student who successfully completes the programme has met the competencies set out in section 2 of the criteria	<p>A few respondents felt this criterion should be reworded to say:</p> <ul style="list-style-type: none"> The assessment strategy and design must ensure that the student who successfully completes the programme has met the competencies set out in section 2 of the
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		criteria The Mental Health (Approved Mental Health Professionals) (Approval) (England) Regulations 2008.
5.2	All assessments must provide a rigorous and effective process by which compliance with external-reference frameworks can be measured	A few respondents felt the further clarity was need about 'external-reference frameworks' was necessary, or should be reworded into plain English.
5.3	Professional aspects of practice must be integral to the assessment procedures in both the education setting and practice placement setting	One respondent felt further clarification was about what is meant by professional aspects of practice, this respondent felt that the meaning of this criterion was unclear. Without further clarification this respondent felt that this criterion should be removed. Another respondent felt this criterion was undistinguishable from other criterion and as such should be removed.
5.4	Assessment methods must be employed that measure the learning outcomes	
5.5	The measurement of student performance must be objective and ensure safe and effective practice as an AMHP	
5.6	There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment	One respondent felt that the use of the phrase 'appropriate standards' was too vague and needed rewording to become meaningful.
5.7	Assessment regulations must clearly specify requirements for student progression and achievement within the programme	One respondent felt this criterion should be reworded to say: <ul style="list-style-type: none"> Assessment regulations must clearly specify requirements for student progression and achievement within the programme. Where resubmissions of work are permitted, the number of resubmissions and timescales for this should be clearly stated.
5.8	Assessment regulations must clearly specify that any requirements for an aegrotat award which may be made will not lead to eligibility to be approved as an AMHP	Several respondents highlighted that they did not understand the use of the word 'aegrotat' and argued it should be explained or changed into plain English.
5.9	Assessment regulations must clearly specify requirements for a procedure for the right of appeal for students	
5.10	Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless	One respondent felt that this criterion should be reworded for clarification purposes and should clearly state what the appropriate professional registers are.

	other arrangements are agreed, be from the relevant part of an appropriate professional register	
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Section 2: Approved mental health professionals

1. Autonomous practice

1.1	Be able to practise as an autonomous professional, exercising appropriate use of independence, authority and autonomy	
1.2	Be able to recognise, assess and manage the risks linked to the AMHP role	
1.3	Be able to manage anxiety, risk and conflict	

2. Informed decision making

2.1	Be able to evaluate critically local and national policy to inform AMHP practice	
2.2	Be able to draw on a range of research relevant to evidence-based AMHP practice	
2.3	Be able to gather, analyse and share information appropriately	

3. Equality and Diversity

3.1	Be able to use AMHP practice to identify, challenge and redress discrimination and inequality	
3.2	Understand and respect a service users' qualities, abilities and diverse background	
3.3	Be able to promote the rights, dignity and self-determination of service users consistent with their own needs and wishes to enable them to contribute to the decisions made affecting their quality of life and liberty	

3.4	Be able to demonstrate sensitivity to a service user's needs for personal respect, confidentiality, choice, dignity and privacy	
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4. Communication

4.1	Be able to communicate effectively with service users, families, carers and colleagues when undertaking the AMHP role	
4.2	Be able to communicate advice, instruction, information and professional opinion, including presenting a case at a hearing	<p>One respondent felt that this criterion required a minor amendment:</p> <ul style="list-style-type: none"> Be able to communicate advice, instruction, information and professional opinion, including presenting a case at a legal hearing <p>One respondent felt that this criterion attempted to cover too many concepts and should be split into several criteria.</p>
4.3	Be able to balance and manage the competing requirements of confidentiality and effective information sharing to the benefit of the service users, families, carers and colleagues	<p>One respondent felt that this criterion should be expanded in the following way:</p> <ul style="list-style-type: none"> Be able to balance and manage the competing requirements of confidentiality and effective information sharing to the benefit of the service users, families, carers and colleagues and other persons involved with the service users' care.

5. Collaborative working

5.1	Be able to work with service users, families, carers and colleagues to evaluate the outcomes of interventions and identify any unmet needs	<p>One respondent felt that this criterion should be reworded to say:</p> <ul style="list-style-type: none"> Be able to work with service users, families, carers and colleagues and other persons involved with the service users' care to evaluate the outcomes of interventions and identify any unmet needs <p>Another respondent felt a more appropriate wording would read:</p> <ul style="list-style-type: none"> Be able to work with service users, families, carers and
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		colleagues to assess needs and evaluate outcomes of interventions.
5.2	Be able to build and sustain effective professional relationships with service users, families and carers when undertaking the AMHP role	
5.3	Be able to work as an AMHP in partnership with others, including inter-agency and inter-professional working	
5.4	Understand the roles and responsibilities of other professionals involved in statutory mental health work	
5.5	Be able to use networks and community groups to influence collaborative working with service users, agencies and advocates	One respondent felt that this criterion referred to pre-registration requirements and would therefore be inappropriate for the AMHP criteria.
5.6	Be able to work within local, regional and national resources for the support of people experiencing mental distress, their families and carers	One respondent felt that this criterion referred to pre-registration requirements and would therefore be inappropriate for the AMHP criteria.

6. Assessment and intervention

6.1	Be able to assess the suitability of and contribute to planning and implementing options for care of the service user	One respondent argued that this went beyond the scope of the AMHP, and should be reworded to come in line with the Mental Health Regulations (2008): <ul style="list-style-type: none"> Be able to assess the suitability of and contribute to planning and implementing different options for care of the service user
6.2	Be able to plan, negotiate and manage compulsory admission to hospital or arrangements for supervised community treatment	One respondent argued the arrangement for supervised community treatment was a matter for the responsible clinician and as such went beyond the scope of the AMHP: <ul style="list-style-type: none"> Be able to plan, negotiate and manage compulsory admission to hospital or arrangements for supervised community treatment
6.3	Be able to manage and co-ordinate effectively the relevant legal and practical processes, including the involvement of colleagues, service users, families, carers and colleagues	One respondent felt this criterion should be broadened in the following way: <ul style="list-style-type: none"> Be able to manage and co-ordinate effectively the relevant legal and practical processes, including the

		involvement of colleagues, service users, families, carers and colleagues and other persons involved with the service users' care
6.4	Be able to complete statutory documentation and written records in accordance with applicable legislation, protocols and guidelines	
6.5	Be able to identify outcomes and make decisions that reflect the service user's needs	

7. Knowledge

7.1	Understand and be able to apply mental health legislation, related codes of practice and national and local policy and guidance applicable to the role of an AMHP	<p>Several respondents felt that this criterion should be split into three to highlight the hierarchy of legislation and policies:</p> <ul style="list-style-type: none"> • 7.1 Understand and be able to apply mental health legislation applicable to the role of an AMHP. • 7.2 Understand and be able to apply codes of practice related to mental health legislation applicable to the role of an AMHP. • 7.3 Understand and be able to apply local policy and guidance applicable to the role of an AMHP. <p>Several respondents argued that this criterion would work best split into two:</p> <ul style="list-style-type: none"> • 7.1 Understand and be able to apply mental health legislation and related codes of practice applicable to the role of an AMHP. • 7.2 Understand and be able to apply local policy and guidance applicable to the role of an AMHP. <p>One respondent argued that the phrase 'understand' in all twelve of the criteria in this section where appropriate should be changed to read 'apply, analyse and evaluate'.</p> <ul style="list-style-type: none"> • Understand and Be able to apply, analyse and evaluate mental health legislation, related codes of practice and national and local policy and guidance applicable to the role of an AMHP
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		<p>Another respondent suggested a similar change:</p> <ul style="list-style-type: none"> • Understand and be able to apply Be able to demonstrate critical understanding and application of mental health legislation, related codes of practice and national and local policy and guidance applicable to the role of the AMHP
7.2	Understand and be able to apply parts of other legislation relevant to their practice as an AMHP with sensitivity to race, culture, gender, sexuality, religion and belief	<p>One respondent felt this should be changed to read:</p> <ul style="list-style-type: none"> • Understand and Be able to apply, analyse and evaluate parts of other legislation relevant to their practice as an AMHP with sensitivity to race, culture, gender, sexuality, religion and belief
7.3	Understand the needs of children and young people and their families and the impact those needs have on AMHP practice	
7.4	Understand the legal position and accountability of AMHPs, employers and the authority the AMHP is acting for in relation to the Mental Health Act 1983	<p>One respondent felt that this criterion should be reworded to be more in line with the Mental Health Regulations (2008):</p> <ul style="list-style-type: none"> • Understand the legal position and accountability of AMHPs, employers and the authority the AMHP is acting for on whose behalf they are acting in relation to the Mental Health Act 1983
7.5	Understand the social perspective on mental health disorders and mental health needs, in working with service users, families, carers and colleagues and its impact on practice	<p>Several respondents felt that this criteria should go beyond mere understanding and be amended to the following;</p> <ul style="list-style-type: none"> • Understand and be able to articulate and demonstrate the social perspective on mental health disorders and mental health needs, in working with service users, families, carers and colleagues and its impact on practice. • Understand and be able to apply, assert, articulate and demonstrate in practice the social perspective on mental health disorders and mental health needs, in working with service users, families, carers and colleagues and its impact on practice • Understand and be able to apply the social perspective on mental health disorders and mental health needs, in working with service users, families, carers and

		<p>colleagues and its impact on practice.</p> <ul style="list-style-type: none"> • Understand and Be able to apply, analyse and evaluate the social perspective on mental health disorders and mental health needs, in working with service users, families, carers and colleagues and its impact on practice <p>One of respondent felt that this criterion required a minor amendment:</p> <ul style="list-style-type: none"> • Understand the social perspectives on mental health disorders and mental health needs, in working with service users, families, carers and colleagues and its impact on practice <p>One respondent felt that this criterion and criterion 7.8 were repetitive and one should be deleted.</p> <p>Another respondent felt that this criterion was outdated in its referral to the social model which the respondent argued is largely redundant in light of the growth of the bio-psycho-social model.</p>
7.6	Understand the implications of mental health disorders and a range of treatments and interventions for service users, their relatives and carers and the impact on AMHP practice	<p>One respondent felt that wording in this criterion should be changed to read:</p> <ul style="list-style-type: none"> • Understand the implications of mental health disorders mental distress and a range of treatments and interventions for service users, their relatives and carers and the impact on AMHP practice <p>One respondent felt this should be amended to read:</p> <ul style="list-style-type: none"> • Understand and Be able to apply, analyse and evaluate the implications of mental health disorders and a range of treatments and interventions for service users, their relatives and carers and the impact on AMHP practice
7.7	Understand relevant research on the origins and treatment of mental health disorders across specific groups including children and young people, people with learning disability,	<p>One respondent argued that it seemed peculiar that this criterion focused on only one aspect of research, and should either include other aspects which are equally as important or</p>

	older people and people with sensory impairment	be removed. One respondent felt this criterion should be changed to say: <ul style="list-style-type: none"> • Understand and Be able to apply, analyse and evaluate relevant research on the origins and treatment of mental health disorders across specific groups including children and young people, people with learning disability, older people and people with sensory impairment
7.8	Understand and be able to apply a range of models of mental health disorders, including the contribution of social, physical and development factors	One respondent felt that this criterion and criterion 7.5 were repetitive and one should be deleted. Another respondent felt that wording in this criterion should be changed to read: <ul style="list-style-type: none"> • Understand and be able to apply a range of models of mental health disorders mental distress, including the contribution of social, physical and development factors One respondent felt this criterion should be changed to read: <ul style="list-style-type: none"> • Understand and Be able to apply, analyse and evaluate a range of models of mental health disorders, including the contribution of social, physical and development factors
7.9	Understand child and adult protection procedures in relation to AMHP work	
7.10	Understand the impact and presentation of mental distress across the lifespan	
7.11	Understand complexity, including the interrelationship between drugs and substance misuse and mental health disorders, and the implications for intervention	
7.12	Understand the impact of physical health conditions on mental health	