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## Approved mental health professional (AMHP) training in England and its engagement with the HCPC approval process

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## Introduction and background

### **Purpose of report**

This report analyses the work undertaken by the Health and Care Professions Council (HCPC) in assessing approved mental health professional (AMHP) programmes in the two academic years 2013–14 and 2014–15. It also considers how our regulatory model, which was new to AMHP programmes, has impacted on AMHP training.

This report draws on:

- the conditions and recommendations set for AMHP programmes that have engaged with our approval process<sup>1</sup>;
- data transferred from the previous regulator for AMHP training, the General Social Care Council (GSCC); and
- our programme records.

### **Background to the HCPC taking over regulation of AMHP training**

As part of its review of arm's length bodies in 2010, the government abolished the General Social Care Council (GSCC) and transferred most of its regulatory functions to us. The GSCC was responsible for maintaining a set of post-qualifying (PQ) programmes which, in the main, we did not take responsibility for. These programmes included training to undertake specific roles such as Best Interest Assessor (BIA) training and broader training for continuing professional development (CPD).

However, when the GSCC closed on 31 July 2012, we became responsible for approving and monitoring AMHP programmes in England from 1 August 2012. This function transferred to us since the GSCC was specifically defined in legislation as being responsible for this area. Therefore, when legislation was amended, the function needed to transfer to another organisation.

AMHPs exercise functions under the Mental Health Act 1983 (as amended by the Mental Health Act 2007). Their role relates to decisions made about individuals with mental health disorders, including the decision to apply for compulsory admission to hospital. Registered mental health and learning disabilities nurses, occupational therapists, practitioner psychologists, and social workers may train to become AMHPs. It is the responsibility of an AMHP's employer, a Local Social Service Authority (LSSA), to ensure that they are able to practice within the competencies as defined by the relevant legislation<sup>2</sup>.

As part of the package of changes to our legislation to enable us to regulate AMHP training in England, we were required to set criteria for approving AMHP programmes. However, we were not given any legal powers to appoint individual AMHPs or to annotate our Register. The decision to appoint and use an individual as an AMHP remains with the LSSA. Therefore, as the link between completing an AMHP programme and performing the functions of an AMHP is not absolute, there is no AMHP annotation on our Register.

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<sup>1</sup> All approval visitors' reports, which contain the conditions and recommendations, are published on our website at [www.hcpc-uk.org/education/programmes/approvalreports/](http://www.hcpc-uk.org/education/programmes/approvalreports/)

<sup>2</sup> Mental Health (Approved Mental Health Professionals) (Approval) (England) Regulations 2008

## Preparation to underpin our assessment of AMHP programmes

### **Our regulatory approach for pre-registration programmes**

This section is intended to give the reader an overview of how our regulatory approach works for pre-registration education and training, as this approach has formed the basis for assessing AMHP programmes. We discuss how we applied our regulatory model to AMHP training throughout this report, particularly in the next section which explains our initial requirements.

We approve pre-registration programmes against our standards of education and training (SETs), which ensure individuals who complete the programme meet the standards of proficiency (SOPs) for the profession. The SOPs set out what an individual should know, understand and be able to do when they complete their training so that they can register with us. The SETs are flexible and output focused, enabling education providers to deliver programmes in a non-prescriptive way, as long as individuals who complete the programme meet the SOPs. For this reason, we use words like 'appropriate', 'effective' and 'relevant' throughout the standards. We make decisions about what is appropriate, effective and relevant on a case-by-case basis, with input from professional experts and lay people (who we call 'visitors'), considering the context of the programme and the profession. We make independent decisions about whether our standards are met, without influence from government, professional bodies, employers or other interest groups.

For initial programme approval, we undertake a detailed assessment of programmes against our standards, considering a wide range of documentation, and question various stakeholders at an intensive two day approval visit. In order for us to approve programmes we require education providers to make changes if they do not meet our standards. We call these requirements 'conditions', which we set on almost all of the programmes that we assess.

Ongoing programme approval is subject to satisfactory engagement with our monitoring processes. This means that education providers need to flag significant changes that impact our standards before they take place and that we consider the education provider's internal monitoring documentation against our standards on a regular basis.

### **Approval criteria for approved mental health professional (AMHP) programmes**

In line with our statutory responsibility, and following a public consultation which ran in early 2013, we developed the approval criteria for AMHP programmes<sup>3</sup>. The criteria became effective from September 2013 and all AMHP programmes assessed from this date were required to meet the criteria in order to be approved.

The criteria is split into two sections. Section 1 sets out criteria around how an education provider must design and deliver an AMHP programme. This section is drawn from our SETs, to which, as discussed above, we hold all pre-registration programmes from the 16 professions that we regulate. This ensures that AMHP programmes are considered consistently with the 16 professions under our multi-professional model of

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<sup>3</sup> The approval criteria for approved mental health professional (AMHP) programmes is available on our website at [www.hcpc-uk.org/assets/documents/1000414DApprovalcriteriaforapprovedmentalhealthprofessional\(AMHP\)programmes.pdf](http://www.hcpc-uk.org/assets/documents/1000414DApprovalcriteriaforapprovedmentalhealthprofessional(AMHP)programmes.pdf)

regulation. In line with our right touch model<sup>4</sup>, and due to the professional status of individuals who undertake AMHP training, several of the SETs do not have equivalent criterion. For example, we do not require AMHP programmes to apply health or character checks to prospective students, because, all students must be registered with either the HCPC or the Nursing and Midwifery Council (NMC) in order to work as an AMHP. We can therefore be satisfied that they are of good health and character as a condition of their professional registration.

Section 2 of the AMHP approval criteria defines the knowledge, understanding and skills that must be delivered by the programme. We based this section on Schedule 2 to the Mental Health (Approved Mental Health Professionals) (Approval) (England) Regulations 2008. In the sector the competencies defined in this legislation are referred to as the 'statutory instrument'. Although the statutory instrument is not directly quoted, section 2 of the AMHP approval criteria is reflective of the competencies as defined by this legislation. Broadly speaking, within the context of us assessing AMHP training, section 2 functions as the SOPs do for pre-registration programmes.

In preparation for the introduction of a SET which requires service user and carer involvement in all pre-registration education and training programmes from September 2014, an equivalent criterion was introduced for AMHP programmes from September 2013. We decided to introduce this requirement a year earlier for AMHP programmes because we were confident that education providers would not need to make significant changes to ensure service users and carers were involved in AMHP programmes because all transferred AMHP programmes met a similar standard when they were approved by the GSCC.

We only applied two conditions in relation to the service user and carer criterion which means 93 per cent of AMHP programmes met the criterion at the first opportunity. One of the conditions set for this criterion was to do with the documentation provided to service users and carers to support them in their role. The other condition was set because the education provider planned to change how they involved service users and carers, but had not yet finalised plans. These were not significant areas for education providers to address, and did not provide a significant risk in the running of the programmes. Therefore, as education providers did not struggle to meet this criterion, our decision to introduce this requirement a year earlier for AMHP programmes was justified.

### **Visitor recruitment and training**

All of our approval and monitoring activities include profession specific input so we can be confident that we are making well informed decisions about whether to approve education and training programmes. We recruited AMHP visitors who have the relevant knowledge, understanding and experience of the programmes that we were due to assess in the same way that we recruit visitors to assess programmes from the sixteen professions (and other post registration areas) that we regulate. We ensured that the specific AMHP visitor criteria focused on AMHP skills and knowledge, rather than on ensuring HCPC registration. Therefore, we did not restrict ourselves to only appointing AMHP visitors who were also HCPC registrants.

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<sup>4</sup> The Professional Standards Authority, which oversees all health and care regulators in the UK, promotes a 'right touch regulatory model'. Our annual performance reviews demonstrate that they are satisfied that our regulatory model is risk based, proportionate and targeted.

We ran a mandatory training session for our AMHP visitors over a two day period. The training focused on understanding the legislation that underpins the HCPC and our functions, along with decision making, working collaboratively (including transparency and confidentiality), conflicts of interest, our standards and processes and equality and diversity. We also focused on the particular nuances of regulating AMHP training, such as the AMHP criteria and the link to the SETs, and that training does not directly lead to HCPC registration or annotation.

### **Transitional approval**

All AMHP programmes approved by the GSCC when they closed were approved by us from 1 August 2012. This approval was transitional, which means that programmes remained approved until we made an assessment against our AMHP criteria via the approval process.

During 2011, the GSCC inspected all approved AMHP programmes to determine whether they continued to meet their requirements. With this in mind, and as we had not yet developed the AMHP approval criteria in 2012, we made a risk based decision that we would not assess transitionally approved AMHP programmes in the 2012–13 academic year. Instead, we decided to undertake a two year programme of approval assessments beginning in September 2013. Programmes which successfully completed the approval process were granted open ended approval, subject to meeting our ongoing monitoring requirements.

In the 2012–13 academic year, we were able to review AMHP programmes via our approval and monitoring processes if required. We could do this if specific concerns were raised about an existing programme, or if a new programme was proposed. In this period, no circumstances arose where we needed to consider the approval of AMHP programmes, and the two year visit schedule commenced as expected.

### **Data migration**

We worked with the GSCC to ensure a detailed and robust exchange of programme data, drawing on past experiences of bringing other new professions on board. This included agreeing the information that was to be transferred and setting out the processes of liaison, preparation and delivery of data. Before its closure, the GSCC contacted each education provider with a list of programmes that would be passed over to us.

After our own initial contact with education providers, we amended the records and agreed that 28 AMHP programmes, delivered by 22 education providers, remained open and were transitionally approved. There was some movement in the profile of transitionally approved programmes due to:

- education providers considering and rationalising their AMHP provision in line with requirements we were imposing; and
- education providers informing us of inaccuracies in the way the programme was recorded.

For example, for one education provider only a PGDip programme was transferred, but they also delivered a Master's programme which was identical in content to the PGDip with the addition of a dissertation. Therefore, we could reasonably make the judgement that students on the Master's programme had undertaken the same learning related to AMHP competence as students on the PGDip. This is linked to issues with naming conventions for AMHP programmes, which is discussed later in this report.

**Approval assessment prioritisation**

In 2012, we decided which of the two academic years each AMHP programme would be assessed in and asked education providers to request visit dates in the relevant academic year. We completed this exercise in 2012 to allow education providers and ourselves sufficient time to prepare for approval assessments. Since several AMHP education providers also ran social work programmes, completing the schedule at this stage gave them the opportunity to schedule a “multi-professional” visit where we would consider their whole AMHP and social work provision at the same time.

## Our initial requirements

### **Which programmes did we assess?**

We asked education providers to present 'new' programme(s) through their submission (ie the programme(s) that would run from the next academic year). We would not assess any 'old' versions of programmes, as these were either closed completely or closed to any new intakes. We also did not require education providers to engage with our monitoring processes before they were approved. We made this decision due to the wide ranging changes that were being applied to AMHP programmes by education providers, and because they had not yet demonstrated that they had met our AMHP criteria. We did not see any particular issues when undertaking approval assessments that suggested we should have required ongoing engagement with our monitoring processes throughout the transitional period, which confirmed that this was a proportionate way of dealing with changes to programmes.

### **Programme names**

The GSCC acknowledged and recorded AMHP training in two ways. Firstly, AMHP training integrated with postgraduate qualifications approved through their post qualifying framework (PQF). In these cases, a named award was given to demonstrate an individual's AMHP competence (amongst competence in other areas). Secondly, the GSCC recognised specific collections of standalone modules that would equate to AMHP competence, but did not require education providers to 'award' a qualification to individuals. Instead, the GSCC maintained a list of modules and required education providers to provide each individual with a transcript of the modules completed. When an individual then applied for an AMHP role, employers could check the individual's qualification or transcript against the GSCC's records.

We were aware that much post qualifying postgraduate provision changed or was repackaged following the closure of the GSCC. As part of these changes, education providers could redesign AMHP training without the constraints of the wider postgraduate qualification that it had traditionally adhered to. So to ensure that it is clear whether an individual has completed the relevant training to demonstrate AMHP competence, we required education providers to name their AMHP training. This named award is the programme title we hold on our list of approved programmes. If required, we applied conditions to criteria E.7 (assessment regulations must clearly specify requirements for student progression and achievement within the programme) to ensure that this requirement was met. Eight out of the ten conditions set for this this criteria were set specifically to correct this issue.

### **Clarity of programme ownership**

We use the term 'education provider' to describe the institution that maintains overall responsibility for the delivery of the programme. This includes responsibility for, and control over, admission procedures, management of programme resources (including physical resources, staff, student support), all aspects of the curriculum (including design and development), practice placements (including audit tools, placement allocation and quality assurance), and assessment (including assessment strategy and conferment of the final award).

The GSCC recorded the higher education institution (HEI) that awarded the qualification (or modules) rather than the institution that had responsibility for the delivery of the programme. Although these were often one and the same, we do not set requirements on who the education provider must be and they do not need to be a HEI. However, we

do require all education providers to be able to demonstrate how all of our criteria are met.

As part of the assessment process, we asked programmes teams to consider who the education provider was, considering the above information. Two programmes decided the education provider as stated in the transferred data did not maintain overall responsibility for some or all of these areas in relation to the programme. For these programmes, it was more appropriate to consider a training partnership / consortium as the education provider for the programme. This was the case where the partnership / consortium took responsibility for design and delivery of the programme and partnered with a HEI to ensure the academic components were of necessary standard to enable the conferment of the qualification. In these instances, we considered the employer to have a collaborative arrangement with a HEI acting as the validating body.



## Outcomes of the process

### Programmes considered and programmes closed

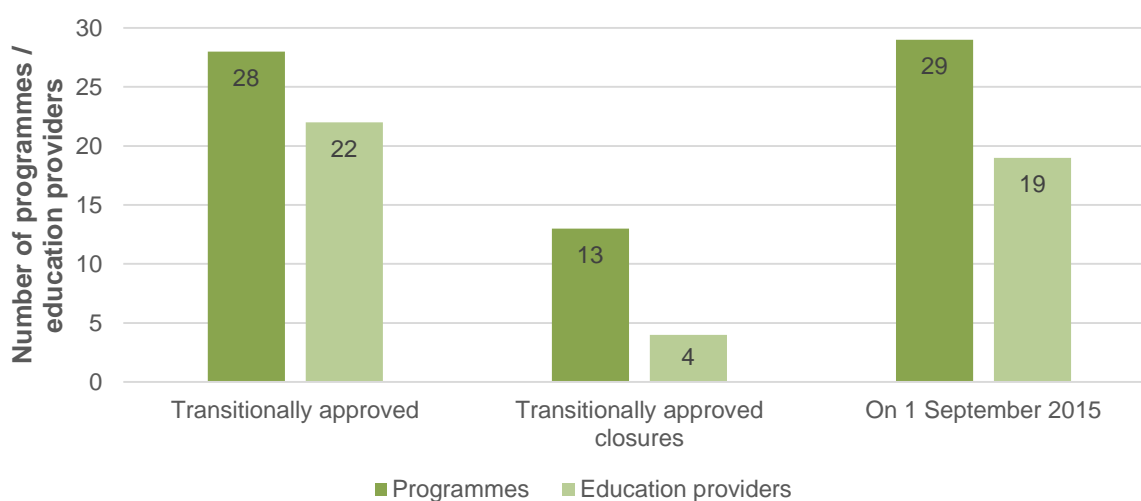
Across the two years, we considered 30 programmes packaged together into 20 approval assessments. Thirteen of the 28 transitionally approved programmes have closed in the last three years but ten of these programmes were directly replaced by new programmes. The closures and replacements were often due to education providers rationalising their provision in light of wider changes to post qualifying programmes and due to our requirements for education providers to give a named award. Following the completion of our approval assessment schedule, there are now 29 AMHP programmes delivered by 19 education providers.

Three education providers with transitionally approved programmes withdrew from the approval processes and stopped running their AMHP provision entirely. All of the decisions to close programmes were made by education providers. As all of these programmes had stopped taking students, and because they had recently been inspected by the GSCC, we made the risk based decision to not assess these programmes.

One education provider withdrew from the approval process and closed their programme following their approval visit. In this case, the education provider was given our report which detailed the conditions that we would set on programme approval, but they decided not to continue with the approval process and close their programme. Again, this was a decision made by the education provider since we would have been satisfied for the education provider to continue with the process and attempt to meet the conditions that we set. This education provider then requested that we consider new AMHP programmes later in the academic year.

Graph 1 below shows the number of education providers delivering AMHP programmes and the number of programmes which were transitionally approved in 2012 in comparison to the number of programmes approved by the HCPC at the end of the two year visit schedule. From 2012-2015, 13 programmes at 4 education providers closed.

**Graph 1 – comparison between the number of programmes and education providers in 2012 and on 1 September 2015, and closures in the interim**



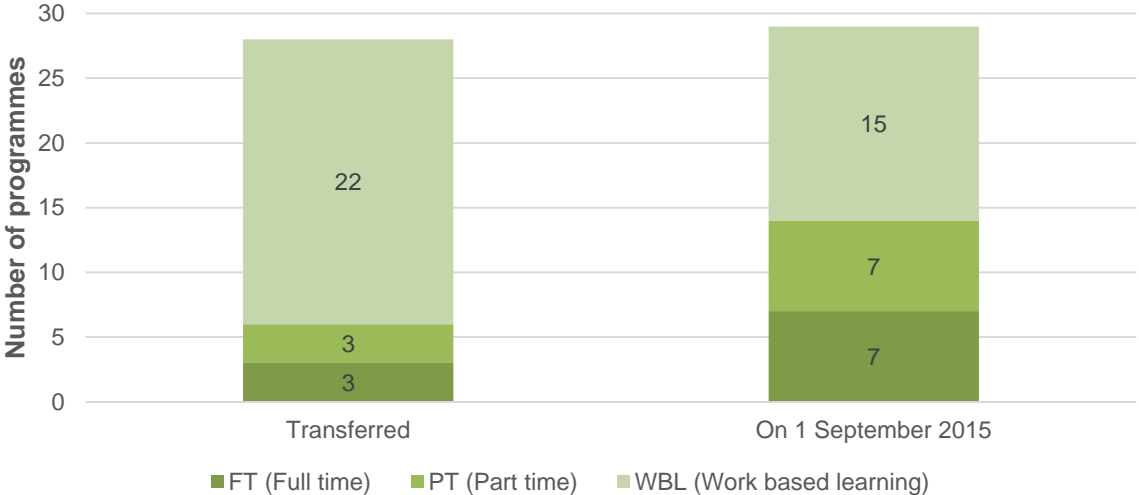
With the exception of the programme that withdrew from the process following the visit, we approved all programmes that engaged with the process. We set conditions on all but two programmes, meaning we required changes of 93 per cent of the programmes

that we considered. Information about the changes we required can be found later in this report.

**Types of programme**

The number of work based learning (WBL) programmes has reduced from 22 in 2012, to 15 on 1 September 2015. All of the 13 programmes that have closed in the last three years were WBL programmes and there has been an increase in both full time and part time programme numbers, both increasing from three to seven programmes.

**Graph 2 – comparison of number of programmes, by mode of study, in 2012 and on 1 September 2015**

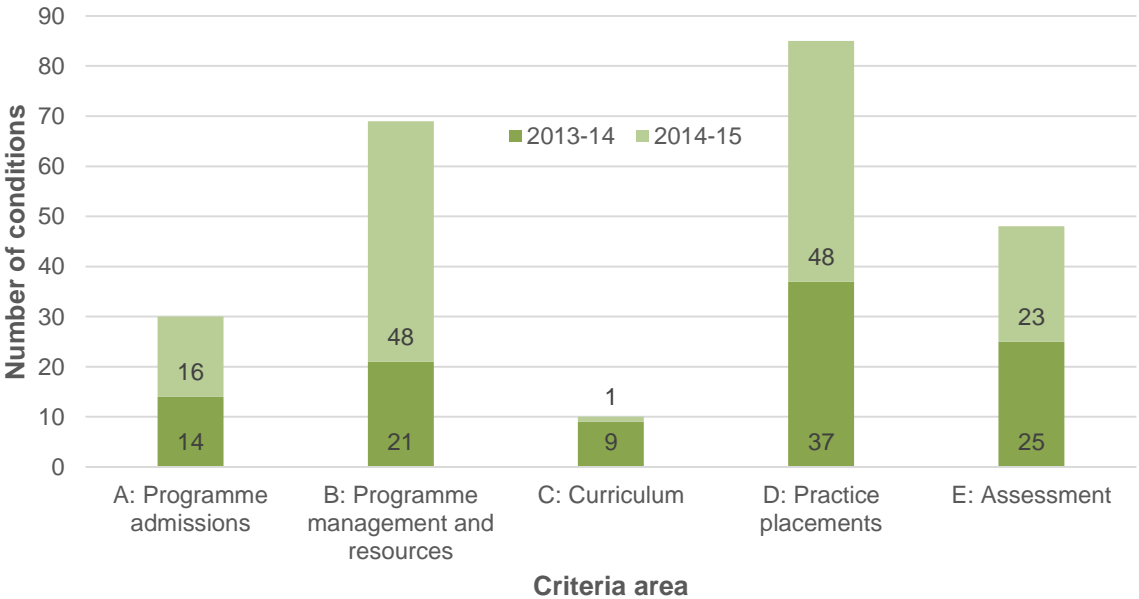


Of the ten replacement programmes (which all replaced WBL programmes), four were still WBL programmes with the remainder being full time or part time.

**Changes required by us at programme level**

Conditions ensure programmes meet our criteria and drive improvements. We have considered every AMHP programme in England over the last three years and have ensured that all issues with meeting our criteria have been addressed for programmes that are now approved.

**Graph 3 – Number of conditions by criteria area and academic year**

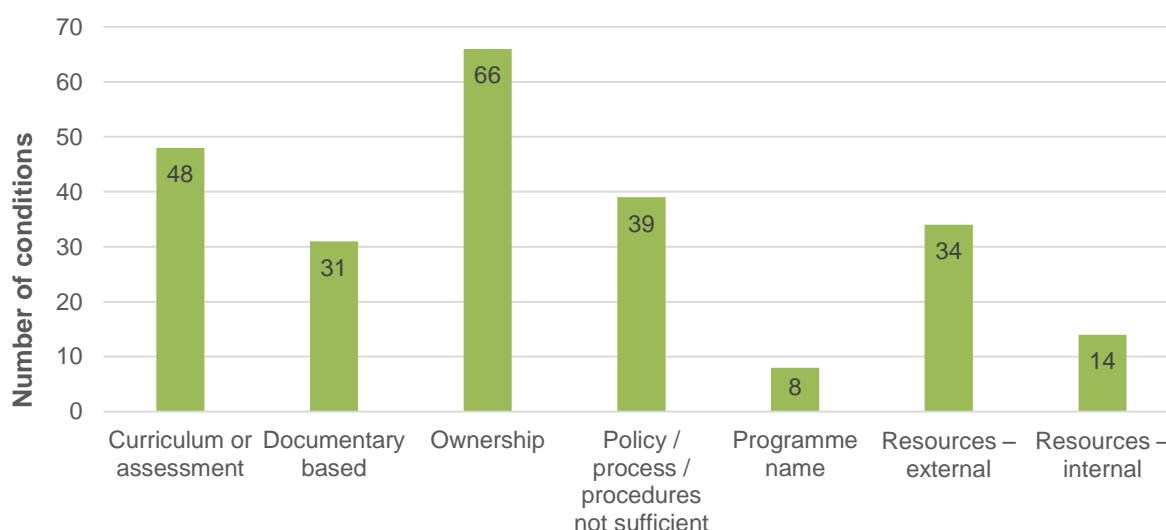


We set an average of 8.3 conditions per AMHP programme across the two academic years. We set more conditions on average in 2014–15 (11.3 conditions) compared to 2013–14 (6.2). However, there were some outliers which impacted the conditions numbers. We set between 16 and 23 conditions for four programmes at three education providers in 2014–15. With the small number of programmes considered in total, this small number of programmes experiencing significant issues has increased the overall average number of conditions for 2014–15 and across both years.

The majority of issues found were with practice placements (criteria D) and programme management (criteria B). Notably, there were few conditions set around the curriculum (criteria C). This shows that we were generally satisfied with how AMHP competencies were delivered by the curriculum, but also with most other areas around the curriculum (such as how it is kept up to date, and the integration of theory and practice) at the programme’s first attempt at meeting our criteria.

We have analysed all of the conditions set for AMHP programmes and have broadly categorised them into seven areas.

**Graph 4 – Total number of conditions set by broad issue**



The area which required most changes was ownership of the programme, or of elements of the programme. This was an expected challenge for the profession, particularly when the ‘education provider’ was, as mentioned earlier in this report. We set 66 conditions (27 per cent of the total number) that specifically dealt with issues around ownership of the programme as a whole, or of elements of the programme. For example, we set conditions when:

- there was a collaborative arrangement set out between an HEI and the LSSA but it was unclear how lines of responsibility in programme management worked;
- programme admissions were partially owned by an LSSA and the EP. In these cases there was a lack of clarity about who made the final decision to admit students, and a lack of clarity for students when knowing what they needed to accomplish to be admitted to the programme;
- mechanisms to support placement learning, such as ensuring equality and diversity policies were in place or that the placement was safe and supportive, were not audited by the education provider as the placement was also the student’s place of work; and

- students were responsible for arranging their own placement with no information from the education provider about what expectations they had of required learning.

We required changes in the area of curriculum or assessment when we were unclear how programmes were delivering or assessing competencies linked to students meeting section 2 of the AMHP criteria on completion of the programme. Roughly a fifth of the conditions set were in this area. As shown in graph 3, we did not see many issues with the curriculum across the two years, so the majority of issues here were related to assessment. This includes issues around assessment regulations (around half of the conditions in this area) to ensure statements around student progression and achievement, aegrotat awards, the right of appeal for students and external examiner arrangements were sufficiently reflected in the assessment regulations, or other relevant policies, for the programme. The assessment regulations are important to ensure education providers ensure and maintain quality in assessment and to ensure students who complete programmes are fit to extend their practice.

We required changes to policies, processes or procedures when they did not effectively support the delivery of a programme. These conditions (16 per cent of the total number) could require a substantial rewrite of a policy, or more clarity or detail for an existing policy. There were a broad range of issues here, for example:

- policies were not yet implemented, were not fully developed or were unfinished so it was not clear how they would run effectively;
- policies referencing, and / or being based on, out of date requirements. For example the QAPL tool referencing GSCC requirements.

Another significant issue was around accuracy of documentation. Roughly one in eight conditions required changes to key programme documentation to ensure the programme team, placement providers and educators, and students were clear about the expectations of the programme and their role in participation, delivery and assessment. In this way, we can be satisfied that both student learning and achievement and service users are protected. Poor documentation also impedes us making a well-informed judgement about whether particular criteria are met. When we are unable to reach a decision on whether a programme meets a criterion, we apply a condition to ensure that it is met. For instance, it would not be helpful for education providers to have excellent policies in place if they are not well documented and easily available to stakeholders. Examples of issues picked up in this area include:

- lack of information for applicants (for example, financial costs and how the admissions process works);
- communication of information to current students (for example, progression and achievement, attendance requirements, academic and pastoral support and information about placements);
- correct and consistent information for admissions staff to enable them to make appropriate, fair and consistent admissions decisions; and
- correct language around regulation and the wider sector.

Issues with resources (a fifth of conditions set) have been split to consider internal and external resources separately in this report. We decided to do this as there is a crossover between issues around external resources and issues of ownership. Many of the issues around external resources stemmed from education providers not having clear oversight of the resources or of how they would be used effectively to support the delivery of programmes. For issues with external resources, we required changes when

there were insufficient resources (such as placement staff and physical resources at practice placements), or if it was unclear how the resources were appropriate. Similarly for internal resources, we required changes if there were insufficient internal resources (such as teaching staff and physical resources at the education provider) or if it was unclear how the resources were appropriate.

We set very specific conditions to deal with issues around the naming of the award that leads to AMHP competence which we have discussed previously in this report.

## Conclusions

The regulation of AMHP training was a new direction for the HCPC. In order for us to effectively quality assure this area we developed and adapted our existing regulatory processes and standards. The evidence shows that we effectively held programmes to our standards, in this case the AMHP criteria, and that they were able to adapt to our regulatory model well. This demonstrates that our requirements were proportionate and in line with our right touch regulatory model, which is encouraging should we need to adapt our processes for future developments in professional regulation.

We were able to drive a significant number of changes to AMHP training through our approval process, with 93 per cent of programmes making changes to comply with our regulatory requirements. In particular, we drove changes to ensure clear ownership of policies and procedures including responsibility for decision making and of ownership of programmes as a whole.

We set an average of 8.3 conditions per AMHP programme across the two years. This figure is relatively high in comparison to the average of five conditions set across all other programmes visited in 2013–14. This does not mean that programmes were unable to meet our AMHP criteria due to any sector wide shortfall or problematic model of training, but that a small number of outliers struggled with the criteria at a programme level at the first attempt to meet our standards. The majority of programmes made changes in line with our requirements, and were approved to run.

There is no direct link between an individual completing AMHP training and working as an AMHP. However, although the responsibility to ensure that practising AMHPs are competent as defined by legislation still lies with LSSAs, these employers can be confident that graduates of HCPC approved programmes are trained to meet the professional competencies outlined in our AMHP criteria. In this way, we can be confident that through regulating AMHP training we are meeting our statutory obligations to protect the public.