

Approved Mental Health Professional (AMHP)

Approval and Re-approval Policy

Author:	Director of Service Integration
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Purpose of the Policy:	Support the approval and re-approval of Approved Mental Health Professionals (AMHP) under the Mental Health Act 2007 within the boundaries of Cambridgeshire County Council (CCC), and Peterborough City Council (PCC)
If developed in partnership with another agency, ratification details of the relevant agency	N/a
Policy in-line with national guidelines:	

Signed on behalf of the Trust:


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Aidan Thomas, Chief Executive

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Version Control

Version 1	18.11.2015	Service Integration Directorate

Adult Mental Health Professional Approval and Re-approval policy

1.0 Purpose

- 1.1 These procedures support the approval and re-approval of Approved Mental Health Professionals (AMHP) under the Mental Health Act 2007 within the boundaries of Cambridgeshire County Council (CCC), and Peterborough City Council (PCC), including the appointment of temporary and/or Locum AMHPs. CCC and PCC are recognised as the LSSA for the purpose of the AMHP policy. The duty of approving AMHP's under the MHA 2007 may not be a delegated duty and remains the duty of the LSSA,. This includes AMPHs working in mental health, learning disability services and any other services provided by the Councils either directly or indirectly via section 75 agreements.
- 1.2 These procedures are intended to assist in the approval process of:
- New members of staff whose previous employer authorised them under s114;
 - Those who have completed the AMHP training and are yet to be approved;
 - Those whose approval is due for renewal on a five year cycle;
 - Locum AMHPs including those working within the joint CCC and PCC Emergency Duty Team (EDT).
- 1.3 These procedures clarify cross boarder arrangements between Cambridgeshire County Council and Peterborough City Council.

2.0 Legislative & Policy Framework

- 2.1 Section 114, (1) of the Mental Health Act 1983 states "A local social services authority (LSSA) may approve a person to act as an approved mental health professional for the purposes of the Act."

Granting approval – Regulation 3

- 2.2 An LSSA may only approve a person to act as an AMHP if it is satisfied that the person has appropriate competence in dealing with persons who are suffering from mental disorder. This will usually mean a Social Work, Nursing or Allied Health Professional qualification combined with a level of expertise and experience of assessment in the Mental Health system. See Appendix 1

- 2.3 Before an LSSA may approve a person to act as an AMHP who has not been approved, or been treated as approved, before in England and Wales, the person must have completed within the last five years a course approved by the General Social Care Council or the Care Council for Wales, superseded by the Health Care Professionals Council – HCPC 01/08/2012.

- 2.4 Approval of AMHPs in Urgent circumstances.

During a period of risk where the delivery of a statutory AMHP service cannot be guaranteed because of capacity issues approval may be given through a reduced process in the first instance and for a limited period of 3 months. Where a reduced process has been used, it is essential that a plan for:

- Induction
- shadowing
- supervision
- independent practice is evidenced.

- 2.5 A short report from the line manager will be required within the first month of the AMHP's practice which will include:

- number of assessments completed;
- evidence of assessments
- meeting the five statutory competencies (Schedule 2)
- record of any supervision and/ or training received

- 2.6 Use of Locums from other LASS' and Agencies

Will be the same as is 2.4 above

Period of Approval - Regulation 4

- 2.7 An LSSA may approve a person to act as an AMHP for a period of up to five years. It is expected this will form the majority of approvals. Shorter periods of one and three years may be chosen but these would be in exceptional circumstances and based on evidence presented to the Authoriser.

Conditions – Regulation 5

- 2.8 When any approval is granted under these Regulations, it shall be subject to the statutory requirements:

- (a) The AMHP shall complete at least 18 hours of training relevant to their role per annum
- (b) The AMHP shall undertake to notify the approving LSSA in writing as soon as reasonably practicable if they agree to act as an AMHP on behalf of another LSSA, and notify in writing when this agreement ceases. The record of the AMHP's work with another LSSA can be used as evidence of meeting the required minimum levels of assessment. The approving LSSA will hold a register of AMHPS;
- (c) The AMHP shall undertake to cease to act as an AMHP and to notify the approving LSSA immediately if they are suspended from any of the registers or listings referred to in the professional competencies, or if any such suspensions ends, and
- (d) The AMHP shall undertake to cease to act as an AMHP and to notify the approving LSSA immediately if they no longer meet at least one of the professional requirements.

Suspension of Approval – Regulation 6

- 2.9 If at any time after being approved, the registration or listing required by the professional requirements of a person approved to act as an AMHP is suspended, the approving LSSA shall suspend that AMHP's approval for as long as the AMHP's registration or listing is suspended. The suspension may be for reasons of e.g. performance, maternity leave, illness. Should the reason be for maternity leave, illness, the suspension of approval will last until the AMHP is able to return to their duties. At which time, it may be necessary for the AMHP to undertake sufficient training to demonstrate they are fit to practice.

End of Approval – Regulation 7

- 2.10 A person shall cease to be approved to act as an AMHP at the end of the day on which their period of approval expires.
- 2.11 The approving LSSA shall end the approval of a person it has approved to act as an AMHP before their period of approval expires if it evidences that that AMHP has failed to meet the required competencies, management remedial action has failed to improve the AMHP practice.
- 2.12 The LSSA will write to the AMHP within one week of the suspension of the warrant and set out in writing the reasons for suspension. It will also notify other LSSA's if it is known that the AMHP is warranted in that locality. There

will be a right of appeal to the Authorising Officer within one month of suspension.

Records – Regulation 8

- 2.13 The approving LSSA shall keep a record of each AMHP it approves in accordance with statutory guidance and will include
- (a) the name of the AMHP
 - (b) the AMHPs profession;
 - (c) the AMHPs date of approval;
 - (d) details of any period of suspension under regulation 6
 - (e) details of the completion of training to comply with regulation 5(a);
 - (f) details of any previous approvals as an AMHP within the previous five years;
 - (g) the names of other LSSAs for whom the AMHP has agreed to act as an AMHP
 - (h) the date of and reason for the end of approval if applicable.
- 2.14 The record referred to in 2.9.1 (above) shall be retained by the approving LSSA for a period of five years commencing with the day on which the AMHPs approval ended.

3.0 Role of approved Mental Health Professional

- 3.1 The five statutory competencies in schedule 2 of the MHA 1983 (2008) sets out the values, experience and technical expertise required of AMHP's.
- 3.2 AMHPs have a wider role than reacting to requests for compulsory admission to hospital, making arrangements and ensuring legal compliance. They have specialist knowledge and skills, and are a resource for making appropriate decisions in respect of both service users and their relatives and co-ordinating appropriate service responses. They should be familiar with the day-to-day working of integrated mental health services and able to assess what is required in each case and mobilise appropriate responses.
- 3.3 The AMHP role is to consider appropriate courses of actions and demonstrate consideration of the Guiding Principles within the Code of Practice, with particular emphasis on the '**least restrictive principle**'. This will require evidence of using risk assessment tools, a good understanding of local community resources, and a personalised approach that promotes co-production with users and carers.

- 3.4 The AMHP role is to provide an independent decision as to alternatives to detention (Code of Practice to MHA 14.52), and also to make application for admission, where appropriate (founded on appropriate medical recommendations as defined by S12).
- 3.5 When assessing an individual the AMHP has overall responsibility for co-ordinating the process and implementing any decision that is taken. They must identify themselves and explain in clear terms the AMHP role and purpose of the assessment. (CoP, 2.11 -2.14)
- 3.6 The guiding principles, contained in the Code of Practice must be observed at all times during the assessment process.
- 3.7 The AMHP is required to complete the required documentation and ensure the AMHP report (SOC 323) is uploaded onto RIO (CPFT case recording system). For those areas not able to gain access to RIO, (e.g. EDT) the AMHPs will ensure a copy of the AMHP report is forwarded through to the AMHP administrator within CPFT.
- 3.8 The AMHP is able to demonstrate independent practice at all times.

4. 0 AMHP Approval

- 4.1 For the purpose of the approval and re-approval process, an approval panel will be convened and chaired by the Authorised Senior Manager for Cambridgeshire County Council and Peterborough City Council (this could be the same person by agreement) and consisting of at minimum:
- the Head of Social Work or delegated appropriate other (CPFT) to support the Chair and to assure that all training and supervision requirements have been met;
 - the AMHP will attend the panel without exception;
 - The AMHP's practice supervisor and/or the relevant line manager will usually attend.
- 4.2 The Panel will sit at a frequency as required by the needs of the service.
- 4.3 Where there are concerns regarding a practising AMHP the panel **may** be convened to consider suspension or termination of a current warrant
- 4.4 An AMHP whose professional status is that of an Occupational Therapist, Nurse or Clinical Psychologist, will receive a separate contract/letter to act as an AMHP from CCC/PCC.

5.0 Guidelines for Approval and Re-approval

5.1 In the case of AMHPs transferring from another authority to the employment of CCC/PCC, LDP and/or Cambridgeshire and Peterborough NHS Foundation Trust, the requirements for approving such individuals will depend upon their circumstances as presented to the approval panel. However, in the majority of cases the following should apply – The AMHP will present evidence from their previous employment of competent AMHP practice within a portfolio which will include:

5.2 Essential

1. Evidence of a valid Professional registration certificate/document;
2. A reference from their previous line manager / AMHP supervisor that they are competent to practice and were approved by their previous employing authority relevant to their practice as an AMHP;
3. Evidence of completion of a recognised ASW/AMHP training programme;
4. A recommendation by the line manager within the local AMHP service that the worker is acclimatised to local services and ready to be approved (e.g. part of induction);
5. Evidence of at least six recent (within the previous 18 months) mental health act assessments;
6. Evidence of a minimum of 2 shadow assessments within the new authority, at least one of which they led;
7. Evidence of a minimum of 18 hours training or relevant courses undertaken within the previous year.

5.3 In the case where the duty to provide an AMHP services is in imminent risk of failure the LSSA may approve an AMHP for a minimum of 3 months and maximum of 12 months based on 'Essential' evidence of 1. 2. 3. 4. 5. and 7 above. (as 2.4)

5.4 In the case of newly qualified Approved Mental Health Professionals, the presentation of the AMHP course portfolio will be required, with evidence they have passed the course. In addition the following evidence will be required:

- A recommendation from their line manager / supervising AMHP that they are familiar with the local area and are ready for approval. See Appendix 6
- Evidence of 2 MHA assessments where they have taken a lead role since returning from the course, including writing the AMHP report.
- Evidence of any additional work recommended by the AMHP course or practice supervisor as necessary prior to approval.

Re-approval of Approved Mental Health Practitioners

- 5.5 Those approaching re-approval should be identified in the four months prior to that date (three months for a locum) and **may** be set an 'open book' legal test, if there are concerns regarding their practice raised by their manager. This will be marked by the University representative who inputs to the AMHP course. A minimum pass mark of 45% is required (as per University masters level study guideline).
- 5.6 Two copies of the portfolio will be submitted to the CPFT & CCC AMHP Re-Approval panel. One is to be returned to the AMHP and one retained by the Approving body.
- 5.7 AMHPs are expected to present evidence in the form of a portfolio (see Appendix 3. What is in the Portfolio), which will include the AMHP Log Book – See Appendix 4) at least 6 weeks before the approval panel meets, and personal presentation and discussion will be required at the panel meeting.
- 5.8 The competencies to be demonstrated in Portfolios submitted for re-approval are set by HCPC and are non negotiable See Appendix 1. Each competence must be demonstrated once. The performance criteria attached to each competence is intended to be helpful but it is not intended to be prescriptive. AMHPs are encouraged to develop creative ways of producing evidence. For the purposes of re-approval only one piece of evidence is required from each of the HCPC competences.
- 5.9 In the case of AMHPs not directly employed by CPFT (for example AMHPs within the Emergency Duty Team or other Specialist teams), the same procedure will apply.

Approval AMHP's whose approval has lapsed

- 5.10 The requirements for re-approving AMHPs whose approval has lapsed will depend upon circumstances and will be determined by the approval panel in consultation with the HCPC (HCPC from August 2012) and the Local Authority(s) in question. The exact procedure will depend on the amount of

time since the AMHP was last approved and any outstanding issues regarding up to date skills and knowledge. As a minimum the following procedures should be followed, and the following evidence presented:

- A recommendation from their line manager / supervising AMHP that they are acclimatised to local services and ready to be approved.
- Evidence of successful completion of a recognised AMHP course with requisite evidence of attendance at post qualifying AMHP training up to the period of lapse.
- A recommendation / reference statement from the last authority in which they were appointed to act as an AMHP.
- To have led at least one assessment with a competency statement provided by the supervising AMHP, with regard to AMHP competences as set out by HCPC.
- Evidence of at least one specific AMHP supervision session with a suitable qualified professional, following the shadow / lead assessments undertaken.

5.11 Where an AMHP has been lapsed for more than one year specific guidance and possible reaccreditation may be required. This may include completion of part / all of an accredited AMHP course and will be determined on a case by case basis by the Head of Social Work.

5.12 In the case of AMHPs not directly employed by CPFT (for example AMHPs within the Emergency Duty Team or other Specialist teams), the same procedure will apply.

6.0 Administrative Procedures

6.1 Following the approval panel the Senior Authorising Officer (Panel Chair) will issue a letter to the AMHP stating when the warrant commences and ceases, as per panel recommendations. This letter will also state the obligations of the authority, and support for the AMHP, and will constitute sufficient authority for the individual to work as an AMHP pending obtaining the permanent warrant card. Commissioner for Mental Health (CCC) will also send copies of this letter to those authorised to issue ID cards within the authority / trust.

6.2 The AMHP is required to present 2 x passport photographs, their full name and job title to the Commissioner for Mental Health (CCC). The Head of Social Work will certify that the photograph is a true likeness.

6.3 On leaving the employing authority / trust the AMHP is required to return their warrant card on their last working day to their line manager who will forward it to the Senior Authorising Officer. Following receipt of the returned warrant the

AMHP will be issued with a letter stating they were an approved and practicing AMHP during the period of employment to present to their new employer as appropriate.

- 6.4 On suspension or termination of a warrant the holder will be required to immediately submit their warrant card to the chair of the suspending / terminating approval panel (or manager) who will forward it to the LA Senior Authorising Manager

- 6.5 A register of AMHPs will be maintained by the approving authority i.e. PCC/CCC

7.0 Audit & Quality Assurance

- 7.1 AMHP portfolios are expected to follow a standard format and guidance is provided in Appendices to this Policy. This maintains a consistent level of evidence in the approval process, and demonstrates the competency base of the AMHP.

8.0 Complaints & Appeals

- 8.1 All AMHPs have a right to appeal / complain regarding the approval/re-approval process as recommended by the Approval Panel.
- 8.2 In the first instance concerns may be addressed to the Chair of the Panel directly however if this does not resolve the issue, or the AMHP feels it is inappropriate / detrimental to pursue this route then initial complaints/appeals should be addressed in writing to the Chair of the Panel.

9.0 AMHP Management Arrangements

- 9.1 Managers of the AMHP service include Social Care Leads, Mental Capacity Act Manager AMHP training officers working in CPFT, PCC or CCC, Heads of Service Learning Disability Services, EDT, PCC or CCC and other managers as deemed appropriate by the DASS.
- 9.2 An AMHP manager will be required to shadow an experienced AMHP a minimum of twice per annum pro rata. and will be required to maintain their knowledge of the MHA to provide 'expert' support to the mental health services and AMHP personnel. They will be expected to undertake Legal Update Training on an annual basis

10. REVIEW ARRANGEMENTS

- 10.1 This policy will be reviewed on an annual basis, or as the needs of the service dictate.

Appendix 1 AMHP Competencies

SCHEDULE 2 of Code of Practice to Mental Health Act

Matters to be taken into account to determine competence

1. Key Competence Area 1: Application of Values to the AMHP Role

Whether the applicant has—

- (a) the ability to identify, challenge and, where possible, redress discrimination and inequality in all its forms in relation to AMHP practice;
- (b) an understanding of and respect for individuals' qualities, abilities and diverse backgrounds, and is able to identify and counter any decision which may be based on unlawful discrimination;
- (c) the ability to promote the rights, dignity and self determination of patients consistent with their own needs and wishes, to enable them to contribute to the decisions made affecting their quality of life and liberty, and
- (d) a sensitivity to individuals' needs for personal respect, confidentiality, choice, dignity and privacy while exercising the AMHP role.

2. Key Competence Area 2: Application of Knowledge: The Legal and Policy Framework

- (1) Whether the applicant has—
 - (a) appropriate knowledge of and ability to apply in practice—
 - (i) mental health legislation, related codes of practice and national and local policy guidance, and
 - (ii) relevant parts of other legislation, codes of practice, national and local policy guidance, in particular the Children Act 1989(1), the Children Act 2004(2), the Human Rights Act 1998(3) and the Mental Capacity Act 2005(4); The Care Act 2014
 - (b) a knowledge and understanding of the particular needs of children and young people and their families, and an ability to apply AMHP practice in the context of those particular needs;
 - (c) an understanding of, and sensitivity to, race and culture in the application of knowledge of mental health legislation;
 - (d) an explicit awareness of the legal position and accountability of AMHPs in relation to the Act, any employing organisation and the authority on whose behalf they are acting;
 - (e) the ability to—
 - (i) evaluate critically local and national policy to inform AMHP practice, and

- (ii) base AMHP practice on a critical evaluation of a range of research relevant to evidence-based practice, including that on the impact on persons who experience discrimination because of mental health.
- iii) practice independently which is particularly pertinent to mental health nurse qualified AMHP's who may be working on a MHA assessment with Medical Assessors that could be their manager.
- (2) In paragraph (1), "relevant" means relevant to the decisions that an AMHP is likely to take when acting as an AMHP.

3. Key Competence Area 3: Application of Knowledge: Mental Disorder

Whether the applicant has a critical understanding of, and is able to apply in practice—

- (a) a range of models of mental disorder, including the contribution of social, physical and development factors;
- (b) the social perspective on mental disorder and mental health needs, in working with patients, their relatives, carers and other professionals;
- (c) the implications of mental disorder for patients, their relatives and carers, and
- (d) the implications of a range of treatments and interventions for patients, their relatives and carers.

4. Key Competence Area 4: Application of Skills: Working in Partnership

Whether the applicant has the ability to—

- (a) articulate, and demonstrate in practice, the social perspective on mental disorder and mental health needs;
- (b) communicate appropriately with and establish effective relationships with patients, relatives, and carers in undertaking the AMHP role;
- (c) articulate the role of the AMHP in the course of contributing to effective inter-agency and inter-professional working;
- (d) use networks and community groups to influence collaborative working with a range of individuals, agencies and advocates;
- (e) consider the feasibility of and contribute effectively to planning and implementing options for care such as alternatives to compulsory admission, discharge and aftercare;
- (f) recognise, assess and manage risk effectively in the context of the AMHP role;
- (g) effectively manage difficult situations of anxiety, risk and conflict, and an understanding of how this affects the AMHP and other people concerned with the patient's care;

- (h) discharge the AMHP role in such a way as to empower the patient as much as practicable;
- (i) plan, negotiate and manage compulsory admission to hospital or arrangements for supervised community treatment;
- (j) manage and co-ordinate effectively the relevant legal and practical processes including the involvement of other professionals as well as patients, relatives and carers, and
- (k) balance and manage the competing requirements of confidentiality and effective information sharing to the benefit of the patient and other persons concerned with the patient's care.

5. Key Competence Area 5: Application of Skills: Making and Communicating Informed Decisions

Whether the applicant has the ability to—

- (a) assert a social perspective and to make properly informed independent decisions;
- (b) obtain, analyse and share appropriate information having due regard to confidentiality in order to manage the decision-making process including decisions about supervised community treatment;
- (c) compile and complete statutory documentation, including an application for admission;
- (d) provide reasoned and clear verbal and written reports to promote effective, accountable and independent AMHP decision making;
- (e) present a case at a legal hearing;
- (f) exercise the appropriate use of independence, authority and autonomy and use it to inform their future practice as an AMHP, together with consultation and supervision;
- (g) evaluate the outcomes of interventions with patients, carers and others, including the identification of where a need has not been met;
- (h) make and communicate decisions that are sensitive to the needs of the individual patient, and
- (i) keep appropriate records with an awareness of legal requirements with respect to record keeping and the use and transfer of information.



Appendix 2 Guidance on Acceptable Training and Professional Development

All AMHPs are expected to attend a minimum of three AMHP training/development days as provided by CPFT, Learning & Development Team. Each of training/development days will provide evidence of 6 hours towards the required minimum annual training requirement of 18 hours.

See Regulation 5A Mental Health (Approved Mental Health Professionals (Approval) (England) Regulations 2008 and came into force on 3rd November 2008.

However, if as a result of sickness absence or any other exceptional circumstance, it is recommended that a discussion between the AMHP, the Social Care Lead, or Head of Social Work, and the AMHP Training Lead will take place to formulate an action plan to address the shortfall.

Included in the submission of training/development could be any other courses, conferences, workshops which addressed areas of professional practice and knowledge which relate to **the AMHP's role** and Mental Health work, such as Safeguarding adults, Mental Capacity Act, and/or issues specific to service user groups and/or additional work undertaken to meet the shortfall of the minimum 18 hours. The AMHP training Lead can advise on any queries regarding relevance of training to the AMHP role.

Appendix 3 Content of the Portfolio

We suggest that you compile your portfolio in the following order:

- 1 An index.
- 2 A personal statement – that summarises the previous 12 months MHA work, demonstrates a values based approach and evidences ongoing CPD;
- 3 The CCC AMHP Log Book
- 4 Observed practice report
- 5 Social Care Lead or AMHP Manager's Reference that confirms your competence as an AMHP since accreditation/previous re-approval.
- 6 User/Carer feedback – this may be a letter of thanks, etc – template that could be utilised
- 7 A copy of your original AMHP certificate or substitute, i.e. letter of Approval/Authorisation (1 within portfolio)

Other evidence that **could** be used as corroboration/enhance your logbook for the competencies are::

- Copies of AMHP Assessment forms/SOC323
- Other User/Carer feedback
- Your report on a piece of observed practice with the observer's comments.
- Tribunal reports
- Letters
- Testimonies from colleagues or other professionals
- Mentoring session notes
- Supervision notes
- Contact sheets
- Only one piece of evidence is required for each competency.

Appendix 4

Approved Mental Health Professional

AMHP LOG BOOK

revised July 2012

Name of AMHP:

Section A Details of Mental Health Training

Section B Other courses attended

Section C Mental Health Caseload

**Section D Statutory Work
Supervision checklist
To be completed monthly**

Section E Supervision record

Section F Annual appraisal check

Section A Details of Mental Health Training

AMHP COURSES ATTENDED: (include here only those courses which have been arranged specifically for the training of AMHPs under the Mental Health Act 1983, as amended by the Mental Health Act 2007 including “refresher” training)

Dates	Total N° of Hours	Course Title	Organising Body

Section B Other relevant Courses

(Include here any other courses, conferences, workshops which addressed areas of professional practice and knowledge which relate to Mental Health work.' Such as Safeguarding adults, Mental Capacity Act, issues specific to service user groups and/or additional work undertaken to meet the shortfall of the minimum 18 hours, etc)

Dates	Total N° of Days	Organising Body	Course Title and Brief Description

Section C Mental Health Caseload

STATUTORY WORK UNDER THE MENTAL HEALTH ACT 1983 as amended by the Mental Health Act 2007.

Record here ALL occasions that you carry out an assessment under the Mental Health Act 1983, as amended by the MH Act 2007 regardless of whether an application for admission or reception into guardianship is made. You should also complete this section if you have 'shadowed' another worker who has actually responsibility for the case. In this case, tick additional the box marked 'S?'.

NB THIS SECTION CONTAINS CONFIDENTIAL INFORMATION FROM WHICH IT MAY BE POSSIBLE TO IDENTIFY CLIENTS. MAKE SURE YOU KEEP IT SECURE.

Name	Date	Ass'mt Only	Application Made Under Section							
			2	4	3	7	20	115	135	S?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Section D

Statutory Work Supervision Checklist

NAME OF SUPERVISOR

NAME OF CASE DATE

BRIEF DESCRIPTION OF REFERRAL

.....

.....

.....

.....

HAS THE AMHP SHOWN EVIDENCE OF GOOD PRACTICE IN THE FOLLOWING AREAS?

Tick appropriate box	YES	NO
Responding to referral	<input type="checkbox"/>	<input type="checkbox"/>
Interviewing in a suitable manner	<input type="checkbox"/>	<input type="checkbox"/>
Explaining as appropriate AMHP's role and function	<input type="checkbox"/>	<input type="checkbox"/>
Identify nearest relative	<input type="checkbox"/>	<input type="checkbox"/>
Having regard to wishes of nearest relative	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate contact with other professionals concerned with the case	<input type="checkbox"/>	<input type="checkbox"/>
Informing patient and nearest relative of their rights and powers	<input type="checkbox"/>	<input type="checkbox"/>
Informing nearest relative of application (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>
Consulting with nearest relative (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>
Consideration of alternatives to hospitalisation, guardianship or a community treatment order such as use of MCA; positive selection of most appropriate means of obtaining care and medical treatment	<input type="checkbox"/>	<input type="checkbox"/>
Regard to section 131[informal admission]	<input type="checkbox"/>	<input type="checkbox"/>
Choice of appropriate legislation (eg not using section 4 except in genuine emergency)	<input type="checkbox"/>	<input type="checkbox"/>
Use of correct forms and check validity of medical recommendations	<input type="checkbox"/>	<input type="checkbox"/>
Making (or checking on) practical arrangements for admission	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of Social Report on Soc 323	<input type="checkbox"/>	<input type="checkbox"/>

Liaison with relevant professionals such as in-patient nurses	<input type="checkbox"/>	<input type="checkbox"/>
Protection of property	<input type="checkbox"/>	<input type="checkbox"/>
Contribution to CPA and aftercare	<input type="checkbox"/>	<input type="checkbox"/>
Instigation of appropriate help or referral in relation to others in situation, eg childcare functions, other dependent relatives, financial housing and occupational consequences of admission	<input type="checkbox"/>	<input type="checkbox"/>

HAS AMHP DEMONSTRATED

Knowledge of clinical condition	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of role and function of AMHP	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of role and function of other professions and agencies	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of social, cultural, and ethnic factors	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Departmental policy and procedures	<input type="checkbox"/>	<input type="checkbox"/>
Creative and imaginative use of resources	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of risk factors	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate concern for personal safety	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to seek advice from more knowledgeable colleagues, other professional approach to case	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISOR'S COMMENTS

SUPERVISOR _____ DATE _____





SECTION F

ANNUAL APPRAISAL CHECK:

To be completed by the AMHP and Social Care Lead or Head of Social Work

The Social Care Lead or Head of Social Work should be in receipt of a completed log book for the previous twelve month period in addition to a copy of the employer's (CPFT) completed Appraisal. The Social Care Lead or Head of Social Work should, as part of the appraisal also confirm they have sampled AMHP reports written by the AMHP and that these are of a satisfactory standard.

Name of Approved Mental Health Professional.....

Name of Social Care Lead or Appraiser.....

Date of Appraisal.....

Training

No. of hours training/professional development completed in the last 12 months?

Experience as an AMHP

No. of assessments undertaken in the last 12 months?

Has the AMHP not been on the register for any reason in the last twelve months – if yes please give reasons

.....
.....
.....
.....



STATEMENT BY SOCIAL CARE LEAD OR APPRAISING PROFESSIONAL

I confirm I have seen the training log book and confirm that the AMHP has completed at least 18 hours of training/professional development in the last year.

I confirm that I have seen a sample of Soc 323 forms and tribunal or managers reports and these are of a satisfactory standard.

I confirm that a current annual Appraisal is included in the portfolio

I confirm thatis competent to act as an AMHP

Signature of Social Care Lead or Appraiser

Signature of Social Care Lead/Head of Social Work to authenticate and agree that the AMHP meets the required competencies

APPENDIX 5: Guidance for Reflective Statement

All AMHPs are expected to complete and submit a reflective statement on their own practice as part of the re-warranting process; this should be completed according to the following guide:

The purpose of the Reflective statement is to provide an opportunity to consider practice development past and future

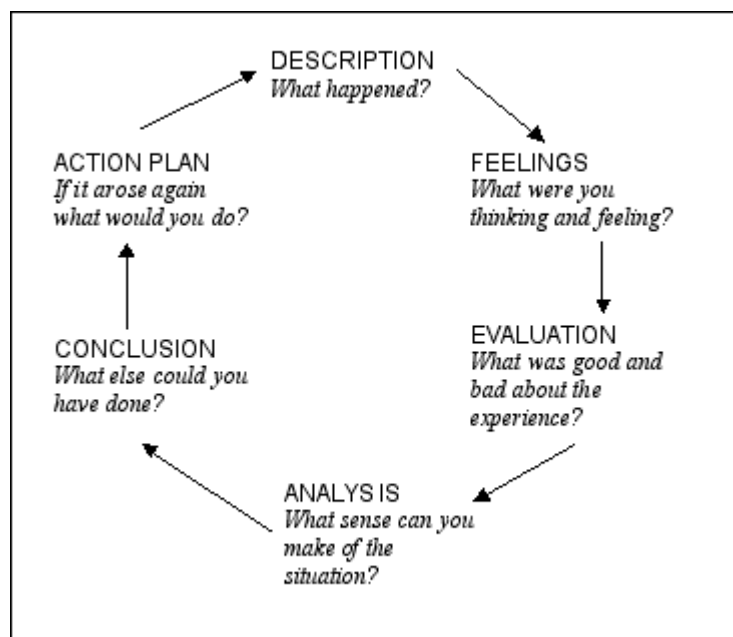
AMHPs should ensure that key learning points and the implications for their professional practice are included in the statement.

Statement should be between 800 – 1200 words in length.

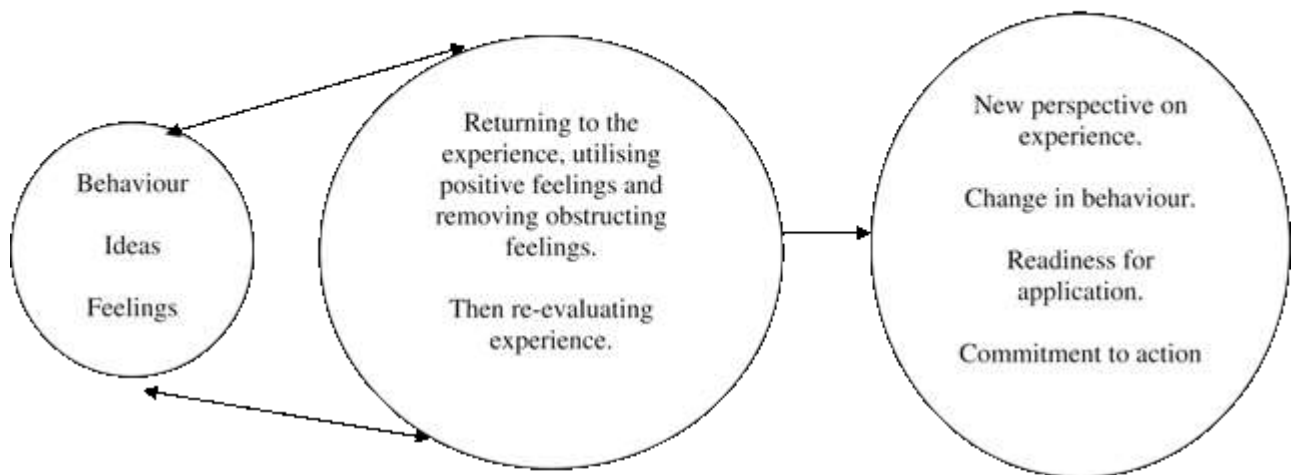
The reflective statement can be based on a specific assessment (s) or on general issues relevant to practice.

AMHPs should ensure that key learning points and the implications for their professional practice are included in the statement. Consider the competence areas, for example – See Appendix 1

The Reflective Cycle (Gibbs, 1998):



Reflective Practice (Boud et al, 1985):



Experiences

Reflective Processes

Outcomes

Figure 2 – Boud's Model of reflection in the learning process. ^{4, p.36}



Appendix 6: Approval Letter

Dear _____

I am writing to confirm that under section 114 of the Mental Health Act 1983 you are warranted to work as an Approved Mental Health Professional by Cambridgeshire County Council for a period of 1 year / 3 years/ 5 years.

This status commenced on _____ and will expire on _____, at which point you will required for re-warranting under the agreed AMHP Warranting Policy.

Having seen the evidence and recommendations as presented by the warranting panel, I am satisfied that you have completed the necessary training and have demonstrated your competence to practice. In your role as Approved Health Professional you are expected to work within the Law and Code of Practice, and to act at all times in the best interests of your clients.

Although I recognise that you undertake this role as an independent agent, as an appointee of the authority we recognise our responsibilities to provide you with the appropriate legal advice and assistance, and also confirm that you will be covered by our legal indemnity insurance whilst carrying out your role. On an interim basis, this letter, together with your identity card from your employer should be seen as sufficient evidence of your warranted status. However within the next month you must present yourself, together with this letter and your identity card to _____, where you will be issued with your warrant card.

Yours Sincerely

Commissioner for Mental Health (CCC).



Appendix 7: Sample Letter of Confirmation from Line Manager

Dear Panel

I am writing to confirm that _____ has been acclimatised to local services, and has shadowed _____ Mental Health Act Assessments, including taking the lead in _____ assessments.

It is my opinion as line manager that this individual is ready to undertake the warranting process, as defined in the agreed AMHP Warranting Policy. I confirm that I am / am not an Approved Mental Health Professional under the Mental Health Act 1983 / 2007.

Yours Sincerely

Name

Position

Professional Qualifications



APPENDIX 8: Abbreviations List

AMHP	Approved Mental Health professional
MHA	Mental Health Act
CCC	Cambridgeshire County Council
CPFT	Cambridgeshire and Peterborough Foundation Trust
HCPC	Health & Care Professions Council
LSSA	Local Social Service Authority
DASS	Director of Social Services