

Approved Mental Health Professional (AMHP)

Approval and Re-approval Policy

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Date: 25 August 2017

Partners in Care

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Document Information

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	2	May 2009	DCC	SP/AH
	3	Nov 2010	DCC	SP/AH
	4	Oct 2011	Amended from just DCC to TCT	SP/AS
V1.3	5	September 2012	Reformatted to match Trust template Content unchanged	SB
	6	September 2014	No changes in content TCT references changed to TSDHCT, and job role changed from Head OF Social work to associate director	
2	Ratified	25 August 2017	Revised	Care and Clinical Policies Group
2		20 February 2018	Review date extended from 2 years to 3 years	

Approved Mental Health Professional (AMHP)**Approval and Re-approval Process****LIST OF CONTENTS**

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1 Introduction

- 1.1 AMHPs are approved to act as such by a Local Social Services Authority (LSSA) where the LSSA is satisfied that the person has appropriate competence in dealing with people who are suffering from mental disorder. Section 114 of the MHA (Mental Health Act) 1983 (as amended by the MHA 2007) defines the functions of Local Authorities and the Secretary of State with regard to the approval of AMHPs. Section 13 of the MHA 1983 (as amended by the MHA 2007) defines the duty of AMHPs to make applications for admission (to hospital) or guardianship. This includes the requirement that an AMHP be satisfied that the application ought to be made in respect of the 'patient' (as defined by the MHA 1983) and that the AMHP be of the opinion, having regard to any wishes expressed by relatives of the patient or any other relevant circumstances, that it is necessary or proper for the application to be made.
- 1.2 A process for recruiting, training and approving Mental Health professionals has been established and will be covered in more detail later in Section 3 training process.

2 Statement / Objective

- 2.1 The professional body of HCPC (Health and Care professional council) undertakes the role of setting the standards for practice and registration of all those who work in social care, which includes Approved Mental Health Professionals. Therefore promoting even more emphasis on the need to evidence and record training attended.
- 2.2. LAC (86) designated County and Borough Councils as the agencies responsible for approving and appointing as was then Approved Social Workers and this responsibility has, in practice been delegated to Social Service Departments. In addition the Circular required Social Service Departments to review this approval within five years.

1. Roles and Responsibilities

- 3.1 The Social Services Department, therefore, has a responsibility to appoint and approve suitably qualified and experienced Social Workers (now widened to other Mental health professionals) to undertake specific duties, as laid down by the Mental Health Act 1983, and to review each individual approved within a five year period.
- 3.2 It is beholden on each Local Authority to ensure that robust systems for approving AMHP's are in place. Section 114 (MHA 2007) needs to be complied with to avoid the possibility of litigation regarding either individual AMHP's and/or their employing agency.
- 3.3 A register of AMHP's will be maintained. Such a register will provide a countywide overview of the AMHP Service. The register will be held by the TSDHFT SW (Social work) administrator and AMHP training co-ordinator. The

training team are responsible for keeping the register updated and other parties informed and also manage a reminder process

- 3.4 Individual AMHP's and their Line Managers will be responsible for being aware of their current status regarding approval and arranging to undertake the re-approval process within the fifth year of approval
- 3.5 Upon receipt of the verification and endorsement documents from the Associate Director an AMHP warrant card will be issued
- 3.6 AMHP's are responsible for arranging an Approval/Re-approval meeting.

With the AMHP training co-ordinator being present at the approval/re-approval meeting the database will be updated by this person.

- 3.7 The Team Manager of an AMHP, who ceases to practice through change in circumstances or leaving the authority, will inform the Social Work Admin Department and warrant cards will need to be returned.
- 3.8 The register will be reviewed annually by the AMHP Training Co-ordinator, the Associate director and lead AMHP to ensure re-approval training needs are met, that the register is up-to-date and all approvals are current.
- 3.9 It is the responsibility of the AMHP and their line manager to inform the AMHP training coordinator and/or the Lead AMHP of them either leaving the LSSA or no longer acting as an AMHP. This will lead to the AMHP being taken off the AMHP database. The AMHP will be responsible for handing in their warrant card.

2. APPROVAL OF AMHP'S

- 4.1 A Mental Health Practitioner who has successfully completed the "Consolidation and Preparation for Specialist Practice" (CPSP) or holds a PQ1 can apply to undertake AMHP training.
- 4.2 The CPSP/PQ1 must have been completed with a mental health case study. If candidate has a PQ1 in another area of practice they will need to re-submit a new case study to Bournemouth. If the candidate is unsure they will need to verify with Training Co-coordinator/Bournemouth.
- 4.3 The candidate must have their line manager's support to undertake the training, have (usually) a minimum of two years relevant post qualifying experience and have shadowed 4 Mental Health Act assessments.
- 4.4 This will be reviewed at a meeting facilitated by the AMHP Training Co-ordinator which will involve at least the candidate, their line manager and possibly the lead AMHP from area.

- 4.5 The candidate will apply to Bournemouth University, and the course is run twice yearly, usually in the Spring in Exeter and the Autumn in Cirencester.
- 4.6 Bournemouth University awards 120 credits at Masters Level. The Exam Board ratifies the completion of the course and issues certificates to the candidate. This qualification is a PG Dip in Approved Mental Health Practice. It is then the decision of the LSSA to approve the individual to be an AMHP.
- 4.7 The course also entitles candidates to be Best Interests Assessors.
- 4.8 Candidates can go on to complete Part 2 of the Masters Award, but there would need to be a discussion and agreement as to the appropriateness of the proposed study to the employing agency via the Training Co-ordinator and Manager.

4.9 APPROVAL PROCESS

Upon successful completion of the AMHP training course, a letter is sent by the AMHP Training Co-ordinator to the candidate, their manager and the professional lead to arrange an "Approval meeting".

- 4.10 This Meeting has the authority to approve or decline approval of the candidate for appointment as an AMHP. There would need to be a very good reason not to approve a candidate who has successfully completed the training course. The meeting will record any evidence used to inform a decision not to approve a potential candidate.
- 4.11 Following agreement from the meeting the Associate director will complete an official 'Approval letter' stating that the individual has been approved by the Torbay to act as an AMHP. The AMHP Warrant card can then be accessed by;
- The AMHP will need to complete the Identity Card Application form (appendix 7) signed by their line manager
 - Contact Torbay Council Corporate Security Team (Currently Mr Rob Osborne, Corporate Security Manager, tel 01803 207655) they will make an appointment with Torbay Council Connections
 - AMHP takes Application Form and letter to Torbay Council Connections who will take their photo and e-mail Torbay Council Corporate Security Team (Rob Osborne)
 - The AMHP warrant card is sent to the candidate who is then approved to act as an AMHP for up to five years.
- 4.12 A portfolio of practice must be started at this point. (See Section 10 Portfolio [Section Ten](#)). The Social Work Lead/Advanced Professional will cover this, and also establish the process of transition on to the local rota. Often it is

necessary to establish for the newly qualified AMHP what they will need in terms of first going on the rota through shadowing and/or extra support.

4.13 RE-APPROVAL PROCESS

Achieving re-approval involves:

- Completing 18 hours of training specialist to the AMHP role. The AMHP training co-ordinator will oversee a database with all relevant training events recorded. Consideration will be given to people attending the 5 day external training, only if agreed by the Associate director, Lead AMHP and AMHP training co-ordinator.
- Keeping a portfolio during the five years of practice between approval and re-approvals. *(A suggested method of keeping a portfolio is attached [Appendix 1 [App One](#)] and is designed to be easy to keep).* The portfolio gives evidence of practice as an AMHP in its widest sense and demonstrates the number of Mental Health Act Assessments carried out. The minimum is four per year. If it is any less than this there will need to be clear evidence of knowledge and competence. Acknowledgement of other related activities (e.g. BIA, MHRT's, Manager Meetings, Forensic etc) will provide additional evidence but this does not negate the need to participate on a local AMHP duty rota. The requirement will be to evidence all competencies as laid out in Appendix 6 ([App Six](#)). If an AMHP is not in a position to meet the above requirements, a meeting will be arranged by the Professional Lead/Advanced Social Worker to formulate an action plan to enable re-approval.
- Attending a re-approval panel.

It is the responsibility of the individual AMHP to be aware of the need to convene a meeting.

- 4.14 The AMHP will need to provide their Portfolio, which will include evidence of four MHA's per Year, training attended (18 of which MUST be specialist to Mental Health), and the three evidence sheets which are included in this document (Appendix 3) [App Three](#). This must be provided a minimum of 10 working days prior to the re-approval panel meeting. If the AMHP is unable to do so, then the re-approval meeting will need to be re-convened. The portfolio needs to be sent to the AMHP Training Co-ordinator.
- 4.15 Following the successful completion of the re-approval meeting, a copy of the re-approval form (*pro-forma form, AMHP 2 Appendix 5 [App Five](#)*), with two photographs, will be taken by the AMHP to get a new warrant card issued.

4.16 AMHP's TRANSFERRING FROM ANOTHER AUTHORITY

(Previously approved by another Authority) On appointment as an AMHP within the LSSA, their AMHP status will have been verified (HR/Appointing Manager). The AMHP will be re-approved following the above procedures. Re-approval has to be for a five year period, so consideration will need to be given to AMHP's new to the LSSA to undertake their five day re-approval training irrespective of when they were initially re-approved. The AMHP is responsible for informing their previous LSSA and the returning of the warrant card.

4.17 PREVIOUSLY APPROVED AMHP WITH A GAP IN PRACTICE

After clarifying the previous date of working as an ASW/AMHP, and any evidence of practice, the re-approval procedure will identify appropriate training/practice needs that are required before re-approval can take place. The format of meeting will be the same as a re-approval meeting, i.e. presentation of portfolio, and meeting to look at learning/practical needs. With the New Roles document, this will be applicable to people who have completed their ASW training in the five years prior to 3/11/2008 and any "lapsed" AMHPs who completed the transitional training and were converted from ASW to AMHP in November 2008. The requirements of re-training will be determined by Bournemouth University based on the previous level of academic credits affiliated to the AMHP's original training course.

4.18 APPEALS PROCEDURE

Grounds for appeal exist only where it can be shown that the approval procedures were not properly followed.

- It will be the responsibility of the complainant to produce evidence to support his/her contention.
- The Associate Director will be notified in any case where there was an appeal made against the decision of the re-approval meeting. A meeting will be convened which looks at the grounds for appeal. Membership of this meeting will consist of the associate Director, an agency representative / AMHP Training Co-ordinator, and a Senior Management representative from the LSSA.

5. TRAINING REQUIREMENTS FOR RE-APPROVAL

- 5.1 An annual programme of refresher training for AMHP's is available from which AMHP's are able to choose from a 'Menu' of topics. These have been identified through a consultation process with AMHP's and the Lead's Forum. Each AMHP is entitled to two training days per year and attendance at the 'Day for All'.
- 5.2 There will be locality forums available to any Social Worker working in mental health/safeguarding settings.

- 5.3 TSDHFT SW training team will hold a central database of training completed by all AMHP's. This will be reviewed at the end of each financial year.
- 5.4 Newly qualified AMHP's will be able to attend a Day for All, but not the refresher days within the financial year they complete their AMHP training.
- 5.5 There are other training/refresher opportunities available circulated by the AMHP Training Co-ordinator and available through other departments and organisations
- 5.6 **Portfolio Development.** Once qualified, the AMHP needs to build up a portfolio of practice. This is a continuous process and could include:
- Record of refresher training including personal evaluation
 - Record of statutory work (e.g. MH1 in Torbay)
 - Tribunal reports/other reports
 - Self appraisal/reflective practice statement
 - Miscellaneous information to add evidence to competence.

The portfolio is intended to show the range of work undertaken and to show evidence of competence, in particular of thoughtful/reflective practice. It does not have to be huge and show every piece of work over the five years. A proposed method of portfolio is attached (Appendix 1 [App One](#)). It is designed to keep and evaluate.

6. Monitoring, Auditing, Reviewing and Evaluation

- 6.1 New processes as described in Section 2 regarding checks and balances regarding the registration process will provide better governance.
- 6.2 All updates, amendments or revisions of this policy will require the approval of the Heads of Social Work within DPT (Devon Partnership trust) and TSDHFT and the Senior Leadership Team.

APPENDIX 1

AMHP Portfolio

Contents

1. Record of refresher training including personal evaluation of learning
2. Record of statutory work (e.g. Form 648/MH1)
3. Tribunal reports/other reports
4. Competency Evidence Forms 1, 2, and 3 (to be photocopied as required)
5. Self Appraisal
6. Miscellaneous information

Keeping a Portfolio

Whether you're starting a new job, continuing in your current job, participating in a learning event or undertaking/completing a qualification, it's worth keeping an ongoing Portfolio.

What's a Portfolio?

A collection of evidence from your day-to-day work that demonstrates your competence and helps you to identify areas for development.

Why keep a Portfolio?

Increasingly we are all required to evidence our achievements and our ability to do our job well. Keeping a Portfolio not only enables you to do this as part of your day-to-day work but also helps you to make good use of supervision, appraisal and learning opportunities by giving you a framework for:

- Identifying your learning needs
- Demonstrating your competence
- Thinking about your practice
- Providing information for job applications

Getting Started

- Keep it simple
- Take this flyer to supervision and discuss it

APPENDIX 3

**AMHP REAPPROVAL
 EVIDENCE FORM – PART 1**

Case Study		Initials of Client
Age	Male / Female	Ethnicity
Living / Family Situation:		
Source of Referral and Referral Request / Problem:		
Brief History:		
Work Undertaken:		
Outcome of Intervention and Future Plans:		
Any Relevant Intervention:		
Competencies Demonstrated:		
Comments / Points of Interest:		
Signed:		Date:

AMHP REAPPROVAL EVIDENCE FORM – PART 2

Where a competency was demonstrated (i.e. Ward Meeting, Team Meeting, Child Protection Meeting, etc)	
Description of Activity:	
Details of AMHP's Involvement:	
Points of Interest:	
Any Relevant Legislation:	
Competencies Demonstrated:	
Signed:	Date:

AMHP REAPPROVAL EVIDENCE FORM – PART 3

Other Sources of Evidence (i.e. relevant work other than direct client contact – e.g. project work / special interest):	
Brief Description:	
Background and Objectives:	
Who was involved in the Project:	
Development Methods Used:	
Length of Time:	
Outcomes and Future Plans:	
Points of Interest:	
Competencies Demonstrated:	
Signed:	Date:

A.H. 5/3/03

APPENDIX 4

**Torbay Council/Torbay and South Devon NHS Foundation Trust
ADULT AND COMMUNITY SERVICES**

AMHP 1

**APPOINTMENT TO ACT AS APPROVED MENTAL HEALTH PROFESSIONAL
SECTION 114: MENTAL HEALTH ACT 1983**

RE: (Name)

Office Address

I am writing to confirm that, having completed the necessary enquiries, you are appointed to act as an Approved Mental Health Professional by **Torbay Council**, Adult & Community Services with effect from

Your approval is valid for a period of five years, ceasing on the

A copy of this form will be sent to the holder of the AMHP Register for inclusion on the Register.

Signature:

Name: Date:
(Designated Team Manager)

Office Address

Signature:

Name: Date:
(AMHP Lead)

Office Address

AMHP Approval/Re-approval policy NHS Unclassified

Signature:

Name: Date
(Training Co-ordinator)

Office Address
.....

AH/jeh/appoint

APPENDIX 5

AMHP 2

**RE-APPOINTMENT TO ACT AS APPROVED MENTAL HEALTH PROFESSIONAL
SECTION 114: MENTAL HEALTH ACT 1983**

RE: (Name)

Office Address

.....

I am writing to confirm that, having completed the necessary practice and refresher training course/s, you are re-appointed to act as an Approved Mental Health Professional by **TSDHFT (on behalf of Torbay Council) & Community Services** with effect from

Your approval is valid for a period of five years, ceasing on the

A copy of this form will be sent to the holder of the AMHP Register for inclusion on the Register.

Signature:

Name: Date:
(Designated Team Manager)

Office Address

.....

Signature:

Name: Date:
(AMHP Lead)

Office Address

.....

Signature:

Name: Date

(Training Co-ordinator)

Office Address

.....

AH/jeh/appoint

APPENDIX 6

AMHP COMPETENCIES

Regulation 3(3)

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

- The ability to identify, challenge and, where possible, redress discrimination and inequality in all its forms in relation to AMHP practice;
- Understanding and respect for diversity and the ability to identify and counter any decision which may be based upon oppressive practice;
- Respect for individuals' qualities, abilities and diverse backgrounds, enabling them to contribute to decisions which affect their quality of life and which may affect their liberty;
- Promotion of the rights, dignity and self determination of individuals consistent with their own needs and wishes;
- Sensitivity to individuals' needs for personal respect, choice, dignity and privacy while exercising the AMHP role.

Area 1 Evidence:

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

- Application of knowledge of mental health legislation, related Codes of Practice and national local policy guidance;
- Application of knowledge of other relevant legislation, Codes of Practice, national and local policy guidance;
- Race and culturally-sensitive understanding in the application of knowledge of mental health legislation;
- An explicit awareness of the legal position and accountability of AMHPs in relation to the legislation, any employing organisation and the authority on whose behalf they are acting;

- The ability to use a critical evaluation of local and national policy to inform AMHP practice;
- The ability to base AMHP practice on a critical evaluation of a range of research relevant to evidence based practice, including that on the impact of the experience of discrimination on mental health.

Area 2 Evidence:

Key Competence Area 3: Application of Knowledge: Mental Distress

- Critical and applied understanding of a range of models of mental distress, including the contribution of social, physical and development factors;
- Critical and applied understanding of the social perspective on mental distress and mental health needs including personality disorder, in working with service users, relatives, carers and other professionals;
- Critical and applied understanding of the implications of mental distress for service users, children, families and carers;
- Critical and applied understanding of the implications of a range of relevant treatments and interventions for service users, children, families and carers;
- Critical and applied understanding of the impact of the experience of discrimination on mental health.

Area 3 Evidence:

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

- The ability to articulate, and demonstrate in practice, the social perspective on mental distress and mental health needs;

- The ability to communicate appropriately with and to establish effective relationships with service users and carers in undertaking the AMHP role;
- The ability to articulate the role of the AMHP in the course of contributing to effective inter agency and inter professional working;
- The ability to use networks and community groups to influence collaborative working with a range of individuals, agencies and advocates;
- The ability to contribute effectively to planning and implementing option for care such as alternatives to compulsory admission, discharge and aftercare;
- The ability to recognise, assess and manage effectively risk in the context of the AMHP role;
- The ability to effectively manage difficult situations of anxiety, risk and conflict, reflecting on their impact on self and others;
- The ability to work with the conflict between the inherent power in the AMHP role and objectives of empowering practice and advocacy;
- The ability to compile and complete statutory documentation, including an application for admission;
- The ability to plan, negotiate and manage, compulsory admission to hospital or arrangements for supervised community treatment;
- The ability to manage and coordinate effectively the relevant legal and practice processes including the involvement of other professionals as well as service users, relatives and carers.

Area 4 Evidence:**Key Competence Area 5: Application of Skills: Making and Communicating Informed Decisions**

- The ability to assert a social perspective and to act independently;
- The ability to obtain, analyse and share appropriate information from individuals and other resources in order to manage the decision-making process including decisions about supervised community treatment orders;

- The ability to provide reasoned verbal and written reports to promote effective, accountable and independent AMHP decision making;
- The ability to present at a legal hearing;
- The ability to exercise the appropriate use of independence, authority and autonomy together with an appropriate use of self reflection, consultation and supervision;
- The ability to evaluate the outcome of interventions with service users, carers and others, including the identification of unmet need;
- The ability to make and communicate decisions that are sensitive to diversity.

Area 5 Evidence:

NOTES

Identity Card Application Form (Print details)

Applicants Name:

Job Title:

Section:

Commission:

Type of Card (a) IDENTITY CARD (b) BUILDING ACCESS / IDENTITY CARD

Employment details

Torbay Council	TDA	Temporary / Agency	Contractor

Building Access

Section

Access

Council Building	Area Access
Town Hall TQ	Attic Office / TQ Town Hall
Roebuck House	Exchequer / TQ Town Hall
Union House	Cash Office / TQ Town Hall
Tor Hill House	Cleaning Office / TQ Town Hall
Oldway Mansion	Computer Group/ TQ Town Hall
Pearl House	Commissioners Offices / TQ Town Hall
Paignton Library Info Centre	Cheque Print Room / Tq Town Hall
Commerce House	Server Room / TQ Town Hall
The Studio / Surestart	Human Resources / TQ Town Hall
CCTV Control Room	Payroll Office / TQ Town Hall
Tor Hill File Store	Post Room / TQ Town Hall
	Print Room / TQ Town Hall
	PDC Rooms / TQ Town Hall
	Mayors Office / TQ Town Hall
	Room 145/ TQ Town Hall
	Room 146/ TQ Town Hall
	Room 147 / TQ Town Hall
	1 st Floor File Room/ Roebuck Hse
	1 st /2 nd Floor Union House (Children's Services)
	3 rd /4 th Floor Union House (Care Trust)
	PARIS Training / Tor-Hill House

Only tick Building and Section Access Relevant to Job Role

Access times (Tick only one)	Tick
Monday to Friday / 0700hrs to 1900hrs	
Monday to Saturday / 0700hrs to 1900hrs	
Monday to Sunday / 0700hrs to 1900hrs	
Monday to Sunday 24hr Access (Must be relevant to job role)	

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

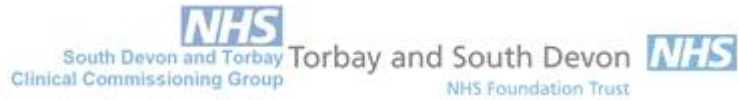
“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.



Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Approved mental Health professional-approval and re-approval policy		Version and Date		2 –July 2017	
Policy Author		Principal Social Worker-AMHP Training Coordinator					
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.							
Who may be affected by this document?							
Patients/ Service Users <input type="checkbox"/>		Staff <input checked="" type="checkbox"/>		Other, please state...		<input type="checkbox"/>	
Could the policy treat people from protected groups less favorably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>							
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Please provide details for each protected group where you have indicated 'Yes'.							
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion							
Is inclusive language ⁵ used throughout?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Are the services outlined in the policy fully accessible ⁶ ?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Does the policy encourage individualised and person-centred care?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/>	
EXTERNAL FACTORS							
Is the policy a result of national legislation which cannot be modified in any way?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)							
Updated to new trust title, and due review							
Who was consulted when drafting this policy?							
Patients/ Service Users <input type="checkbox"/>		Trade Unions <input type="checkbox"/>		Protected Groups (including Trust Equality Groups)		<input type="checkbox"/>	
Staff <input checked="" type="checkbox"/>		General Public <input type="checkbox"/>		Other, please state...		<input type="checkbox"/>	
What were the recommendations/suggestions?							
None							
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
ACTION PLAN: Please list all actions identified to address any impacts							
Action				Person responsible		Completion date	
AUTHORISATION:							
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them							
Name of person completing the form		Principal Social Worker-AMHP Training Coordinator		Signature			
Validated by (line manager)		Associate Director for Adult Social Care		Signature			

