NMC response to the Social Work England (SWE) consultations on AMHP draft standards and new AMCP draft standards

Introduction

1. We welcome the opportunity to respond to both these consultations. Our response builds on the feedback we provided to the development of both the AMHP and AMCP proposed standards. We believe it is important that these specific mental health roles can be successfully aligned to roles that registered mental health nurses undertake at all levels of professional practice, and those who may wish to undertake these qualifications as part of their professional development. We are keen to engage with Social Work England to ensure we can help support this process.

Our role in education for registered nurses, midwives and nursing associates

2. As part of our change programme of nursing and midwifery education that commenced in 2016, our Council approved the development of a new suite of education standards that are outcome-based, proportionate and flexible. These include new standards for the delivery of education and training that apply to all education institutions and practice learning partners delivering NMC approved pre- and post-registration programmes. These standards also include a new approach to student supervision and assessment. Taken together with new standards of proficiency for the professionals that we register, including registered nurses in the field of mental health nursing practice, these cohesive, inter-linked standards set out the future requirements for safe and effective nursing and midwifery education and practise in the UK, which is also reflected in our Code.

Our response to consultation questions – AMHP and AMCP draft standards

3. We have chosen to respond together to all 12 consultation questions from both the AMHP and AMCP draft standards consultations. This is because we noticed considerable overlap in the questions and therefore we had many areas of similar feedback to share. In places where our feedback relates to just one set of standards, we have clearly indicated this within our comments with reference to the relevant AMHP and AMCP standards.

Question 1. To what extent do you agree that the standards accurately reflect the requirements of the role of approved mental health professional (AMHP) and approved mental capacity professional (AMCP)?

4. Our interpretation of these standards are that these are the criteria that education providers must meet to run the courses, rather than a description of the

competencies that students must meet by the end of the courses to meet the requirements of the roles. The NMC produce two sets of standards, standards or proficiency, which students must meet to successfully complete the course, and education programme standards, which describe the criteria education institutions must meet to run the course. The sorts of competencies we would expect to see in order to fulfil these roles would include reference to fundamental aspects of care and interventions such as best interests, least restrictive interventions, being person-centred, safety aspects, and human rights.

Question 2. In relation to standard 1, to what extent do you think the language reflects what an applicant should be able to demonstrate upon admission to the course?

5. We essentially support the language used to set out the criteria in relation to both sets of proposed standards, but we have identified a few areas that could be aligned to ensure consistency, or areas where further clarity would be beneficial. We believe it is important to ensure standards are outcome focused, which is the intention of our own standards and is also in line with the expectations of the Professional Standards Authority (PSA). One aspect that could be strengthened in places within both sets of standards is to use language that is capable of being quality assured and assessed.

6. We wondered whether there was a difference in intention in the use of the terms 'ensure' and 'confirm'. If not we suggest using consistent language across both sets of standards. In terms of assuring an applicant's details, suitability, levels of knowledge, and experience, we suggest that the standard should either be entirely outcome focussed and the outcome capable of being quality assured and assessed (we have taken this approach in our standards), or the decision may be taken to define the required characteristics and the precise process that you may wish the approved education institution (AEI) to follow in terms of assuring that applicants are suitable.

7. We also think it would be beneficial in relation to standard 1.3 (AMHP) and standard 1.6 (AMCP) to consider if the language could be strengthened to ensure that students on the programme demonstrate suitability of health and character not just at the admissions stage, but also demonstrating on-going suitability throughout the duration of the programme and on completion. This is because during the duration of a course sometimes circumstances can change, and it would strengthen the standards to consider robust mechanisms for assuring health and character expectations are met throughout a course.

8. In relation to standard 1.3 (AMCP) and standard 1.4 (AMHP) we feel it would be helpful to expand on what falls under 'suitable experience' to be clear if there are minimum expectations and to avoid unwarranted variation, although this may be something that is picked up in your quality assurance mechanisms. Similarly, in relation to standard 1.4 (AMCP) and standard 1.5 (AMHP) it might be helpful to incorporate some examples in supplementary information or a glossary definition of what constitutes an 'advanced level of legal literacy'.

9. We would welcome seeing something included within both sets of proposed standards around recognition of prior learning and experience and whether particular experience or evidence of learning might allow a person to undertake a

shortened programme. In relation to the AMCP role, we believe it would be helpful to understand if there are recognition of prior learning or conversion routes available for those already working as a best interests assessor (BIA) to become an AMCP, and how this could best be reflected in the proposed admissions criteria and curriculum and assessment criteria.

10. We suggest a requirement to include criteria and admission routes that might encourage NHS, non-NHS, self-employed, and self-funded applicants.

Question 3. In relation to standard 2.3, to what extent do you think this standard will successfully encourage course providers to show that they have considered the flexibility of training routes in their strategic planning?

11. We welcome plans to increase the flexibility of training routes to widen access to and inclusion in mental health educational and training programmes, along with commitments to advance equality and diversity in specialist positions.

12. We support the view that standard 2.3 for both AMCP and AMHP roles effectively will ensure that course providers will be obliged to demonstrate that they have considered the flexibility of training routes in their strategic planning to widen access, and considered placement capacity to ensure that constraints do not reduce the quality of practice learning. The efficacy of this standard will depend some extent on how effectively it is quality assured.

Question 4. Is there anything in the standards that you don't understand?

13. In our view we think the proposed AMCP and AMHP standards are easy to understand, but we have identified a few areas that could be expanded to offer further clarity.

14. We believe that it would be helpful to mention in both sets of standards what the minimum course length for AMHP and AMCP roles would be, and to make sure that the standards offer flexibility and avoid unintended variation or impact on groups of students who may for instance have caring responsibilities, or potentially be on parental leave.

15. We suggest standard 2.4 (AMHP) mirroring standard 2.4 (AMCP) (unless there is a specific reason for this not being the case). We suggest that the term 'nurse' should read 'Registered Nurse', it would also be useful to specify whether this would be a registered nurse in any field of practice (the four fields of practice being adult, children, mental health or learning disability).

16. We would welcome seeing the definition of 'aegrotat' award cited at standard 6.6 (AMHP) to be added to the definitions and terms section of each proposed set of standards.

17. We would find it helpful to get clarity on standard 6.8 (AMHP), about the qualifications of the external examiner, and whether this person could be on any professional register, or whether this needed to be someone with a particular professional background.

Question 5. Do you think that these standards could impact any persons with a protected characteristic? If so, is it positively, or negatively, and how? The Equality Act (2010) lists nine protected characteristics: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity.

18. We believe there are some opportunities where the standards could be stronger in emphasising the importance of actively fostering positive relationships and inclusion.

19. As we have said at Para 11 above, we support any initiatives to widen access to and inclusion in mental health education and training courses, and we believe that having a flexible curricula will enhance opportunities to participate. We would also welcome clear statements that seek to address underrepresentation.

20. We recognise that flexibility regarding prior experience that applicants bring under standard 1 (AMHP and AMCP) could be applied by training providers in different ways. Training providers could exercise flexibility that positively creates opportunities for wider inclusion, or alternatively apply less flexibility which could be discriminatory. In this scenario we believe that potential groups negatively impacted could be individuals working part-time or who have had a career break, or our registrants who qualified before nursing was a degree level course, if that criterion should be applied by an education provider.

21. In our view, thinking about the providers of AMHP and AMCP training courses (AEIs), their organisational culture in terms of inclusivity is critical to supporting their learning environment, and we believe it would be helpful to consider how this is reflected in the standards and quality assured.

22. In relation to standard 1.8 (AMCP and AMHP), we believe the student admission process should be fair, open and accessible enabling diverse students to apply for the courses.

23. Standard 4 (AMHP) could be strengthened to include a requirement for a range and diversity of placements that reflects the diverse needs of people, caters for diverse learners and gives opportunities for understanding intersectionality.

24. We think the appeal procedure requirement (standards 5.7 and 5.8) is important to gain the confidence of students in raising concerns. However, any quality assurance process must test the robustness of these arrangements to confirm inclusivity and transparency.

25. We support taking steps to reduce inequalities and supporting a diverse and representative workforce. I have included some data below on the demographics of our register in case this is useful to your work. We know that all Registered Nurses are eligible to apply for the AMCP roles and only mental health nurses and learning disability nurses can apply to become AMHPs. We know from our field of practice register data that 1,177 of our registrants (756 females and 421 males) are registered in both mental health and learning disability fields of practice (0.2 percent of our NMC register).

26. We have examined the EDI breakdown of mental health and learning disability professionals on our register. Our field of practice register data shows that of the 11 percent of people on our whole register who are males, a substantial proportion work in the field of mental health nursing (30 percent). In comparison, of the 89 per cent of people on our whole register who are females, only a small proportion work in the field of mental health nursing (10 percent). Looking at the field of learning disability nursing, this constitutes only a small proportion of both males and females on our register (four percent of males and two percent of females on our register).

27. Our overall register data also shows that a high proportion of people from Black, Asian and minority ethnic backgrounds are registered in mental health nursing. Of the 10 percent of people on our register who identify as Black, 44 percent of these professionals work in mental health settings (27 percent of Black males and 17 percent of Black females). Looking at the field of learning disability nursing, data shows that 11 percent of these professionals are Black males and 11 percent are Black females (22 percent altogether identifying as Black).

28. Finally, our register data as a whole, shows that nearly a quarter of all our professionals on our register are between 41 to 50 years (24 percent). Our field of practice register data shows that the majority of our registrants working in mental health nursing and learning disability nursing are also between 41 to 50 years. This represents 29 percent of male mental health nurses and 25 percent of female mental health nurses. In terms of learning disability nursing, this constitutes 23 percent of male learning disability nurses and 25 percent of female learning disability nurses.

Question 6. Do you have any other comments?

29. We welcome being able to share some other points that we feel could further strengthen each set of proposed standards.

30. It would also be useful to see the academic level of each programme stipulated, such as if the AMHP and AMCP roles are degree level or master's level.

31. We would support making the change, to add 'and carers' to standard 1.5 (AMCP) so that it mirrors standard 1.6 (AMHP).

32. We would support including under standard 3 'learning environment' (AMCP) and standard 4 'practice placements' (AMHP) about simulated practice as a means of supporting placement, theoretical and observational learning. This should include necessity for practice supervision, and for practice assessment if required, for this learning.

33. We would be keen to see that at standard 3.1 (AMHP) and standard 4.2 (AMCP), that instead of just ensuring that the views of stakeholders be incorporated into curriculum design, it may be helpful to strengthen this by setting out an expectation that there will be collaboration and co-production with stakeholders, including members of the public and users of mental health services, to feed into this process.

34. We would be interested to see standard 3.6 (AMHP) expanded, to specify flexibility and suitability of theory and practice learning to enable students to sufficiently meet their learning requirements.

35. We have noticed that at standard 4.17 (AMCP) it has a typo in the double use of the word ‘qualified’, so this should be amended.

About us

36. We are the UK’s independent regulator of nursing and midwifery professions. We regulate around 758,000 nursing and midwifery professionals. Our purpose is to promote and uphold the highest professional standards in order to protect the public and inspire confidence in the professions. Our vision is safe, effective and kind nursing and midwifery that improves everyone’s health and wellbeing. Our core role is to **regulate**. To regulate well, we **support** our professionals and the public. Regulating and supporting our professionals allows us to **influence** health and social care.

37. Our website has further information about who are and what we do at: www.nmc.org.uk/about-us/our-role/

July 2022