Approved Clinician (AC) Selection and Training Policy

Ref CLIN-0101-v1

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Contents

1 Introduction

In 2007, the Mental Health Act (1983; MHA) was amended to allow eligible mental health professionals to train and practice as Approved Clinicians (ACs) and Responsible Clinicians (RCs). The purpose of the policy is to provide specific guidance as to the governance of the AC role, including selection, training, approval, supervision, and utilisation, within Tees, Esk and Wear Valley NHS (TEWV) Trust. This guidance applies to all eligible staff who are currently employed in a substantive position by the Trust who wish to train and practice as an AC.

An Approved Clinician is defined as a mental health professional approved by, or on behalf of, the Secretary of State to act as an Approved Clinician for the purposes of the Mental Health Act 1983 (MHA). Some decisions under the MHA can only be taken by professionals who are ACs.

All individuals 'subject to compulsion' under the MHA must have an appointed Responsible Clinician (RC) who is approved as an AC. The RC has overall responsibility for the purposes of the MHA, including detention, renewal, discharge, approved leave, decision making regarding seclusion and long-term segregation, and Community Treatment Orders (CTOs). RCs are responsible for the legality of decision making impacting on an individual's liberty, and ensuring correct completion of legal paperwork.

Allocation of RCs are set out by the Trust policy 'Allocation of Responsible Clinicians' (REF MHS-0015-v1), which states, 'Unless there are other factors to be considered, the RC will be determined by the current location of the patient. Where there is more than one AC available at the patient's location, the RC will be the available AC with the most appropriate skills and experience to meet the needs of the patient'. This can include the availability of the RC and service model of the service / ward.

2 Why we need this policy

2.1 Purpose

The Trust is committed to the ongoing support of candidates through the process of AC approval and subsequent practice identified in this policy. The purpose of this policy is to define the Trust's governance arrangements in relation to the selection, training and appointment of all eligible staff for the AC and RC roles.

2.2 Objectives

This policy should;

Ensure there is a strategic approach regarding the selection, training, approval, implementation and utilization of ACs.
Ensure that staff members are supported throughout training and into employment as an AC, including ongoing supervision arrangements
Ensure training expectations are clearly identified, and clinicians are provided the means to adequately meet these expectations
Ensure the full utilization of the AC role
Enhance patient care and maintain patient safety

3 Scope

3.1 Who this policy applies to

This policy is specific to TEWV, and applies to all Approved Clinicians, persons eligible to become Approved Clinicians, and the services which employ them.

3.2 Roles and responsibilities

Role	Responsibility
Director of Therapies Director of Nursing and Governance Medical Director	• Responsible for leading and overall governance of the AC programme for professions under their remit. • Responsible for supporting and monitoring the training, supervision and support of the AC programme within the trust.
Approved Clinicians	• Responsible for ensuring that they are adhering to the duties and responsibilities of the AC role as set out by the MHA, and this policy.
Approvals Panel (NEAP)	• Responsible for approving, coordinating training and maintaining registers for AC's. Completed portfolios are submitted to this panel. • NEAP maintain the national database of AC's for the North of England. Covering North East, North West and Yorkshire & Humber: North of England Approval Panel (NEAP),

	West Park Hospital, Edward Pease Way, Darlington, DL2 2TS tewv.neap@nhs.net Tel: 0132 5552391
Approved Clinician Steering group	• Responsible for reviewing and updating this policy
Hospital Managers (delegated to medical staffing and/or HR)	• Responsible for maintaining a register of all staff who are registered as ACs on the Department of Health database for ACs and Section 12 approved doctors. • Responsible for having protocols in place for allocating responsible clinicians to patients.

4 Policy

4.1 Identification of candidates

The selection of an individual for AC training will be based on service need, and identified within a business plan. There will be a clear identified need for the role of AC within the service, and the business plan will outline the expected utilisation of this role within the service. If there is an identified service need, this will be advertised internally to potential candidates.

The AC role is an addition to a professional's current role within the service and does not replace it. However, staff identified as having the capability for future AC approval may be in a development role and following a pathway to gain the skills and knowledge necessary to work at the appropriate level i.e. working toward consultant level in their current role. The achievement of the AC status will not automatically result in pay progression.

Individuals eligible to be considered for training are stipulated in the Instructions with Respect to the Exercise of An Approval Function in Relation to Approved Clinicians (2015), Schedule 1. Candidates will be professionally qualified mental health professionals in one of the following groups;

- Registered Medical practitioners, including SAS doctors
- First level Nurses whose field of practice is Mental Health or Learning Disabilities.
- Registered Occupational Therapists,
- Psychologists registered in Part 14 of the register maintained by the Health and Care Professions Council
- Registered Social Workers

There are no official guidelines as to the standard of previous experience expected for individuals seeking to train as an AC (apart for medical staff). Approval as an AC requires individuals to demonstrate a range of competencies and have a comprehensive overall understanding of the role of the AC, including the specific role of the RC, as well as the legal responsibilities, functions and limitations of the RC role. The Instructions provide guidance at Schedule 2 as to the application, function, conditions of approval, professional requirements and relevant competencies.

Individuals wishing to apply for AC training, or develop the skills necessary to work towards training as an AC, should discuss this with their supervisor in line with the Trust appraisal process in order to identify areas of need. Development of skills does not guarantee selection for training and is not a guaranteed route for career progression.

Potential applicants will already have a strong grounding in the clinical and professional skills necessary for working within the identified environment. The level of professional experience necessary to be considered for training will likely include;

- Significant post-qualification experience (typically at least 5 years) that enables them to demonstrate how they would maintain that professional identity whilst incorporating the AC responsibilities and tasks.
- Current employment within a senior clinical role and the necessary skills which accompany this role including;
    - leadership skills and a clear understanding of how collective leadership would apply to them and the team in which they work.
    - management experience
    - developing and maintaining appropriate professional relationships
    - high-level reflective skills
    - complex decision-making skills
    - evidence of continuing professional development
- Clinical experience within the area in which the AC role will be implemented (minimum 1 year)

For medical staff, there is an additional requirement that they must have minimum of 5 years post-graduate experience in psychiatry and be Section 12 approved for at least 12 months.

4.2 Selection Process

Individuals can be identified through a variety of means (including a local team needs analysis, appraisal or talent management discussions) as being suitable to be

considered for AC training, and meets the necessary skills as identified within the business plan.

There will be a written application, which will include the following:

- A letter expressing interest in the role and why
- A CV which includes relevant experience
- A letter of support from the Clinical Director and Head of Service of the area where the trainee will be working. This should also have been discussed with the relevant professional lead if they are not the CD.
- An agreed mentor

The final selection criteria and process will be determined by the relevant governance leads for their respective staff groups i.e.

Director of Nursing and Governance	**Director of Therapies**	**Medical Director**
Nurses	Occupational Therapists Psychologists Social Workers	Associate Specialist and Staff Grade doctors

The process will involve a final interview through a specially arranged panel. There will be a database of those who have been accepted on to formal training held centrally (by the medical development department).

4.3 Training

All trainees must have a mentor identified prior to commencing training (and usually as part of the initial application process). The mentor will be an experienced AC, who is highly specialised within the area in which the trainee is expected to utilise their skills. The mentor is not required to be from the same professional background as the trainee. The mentor will advise and support the completion of the portfolio, identifying key learning needs, and a timeframe in which to complete the agreed learning.

The Trust will ensure that the trainee has one session per week for preparation of the portfolio, which would include shadowing opportunities, and preparation of reports. The trainee's mentor will regularly review this with the respective governance leads. The trainee should inform their mentor and the governance leads at the earliest opportunity if they are not receiving appropriate time to complete the training.

The trainee is committed to completing all aspects of the Training Set within the agreed timeframe. This includes attendance at a peer support groups. Specific training includes:

- Attendance at a two-day AC induction course.
- Completion of the Postgraduate Certificate in Professional Practice in Law: Mental Health (alternatives can be considered by the governance leads).
- For medical staff, there is an additional requirement of having to complete Section 12 Approval Training

They will also be expected to update the oversight group at quarterly intervals of their progress and any barriers they need support with. It is the trainee's responsibility to develop their portfolio over the time of the programme. The trainee will complete all aspects of their portfolio in order to demonstrate they meet the competences as outlined in the Instructions with Respect to the Exercise of and Approval Function and the associated guidance Mental Health Act 2017 new roles. The NEAP panel provide a framework for completion of portfolios. They also run portfolio workshops and we would recommend people developing AC competencies to attend these. The Trust would anticipate a two-year timeframe for the completion and submission of the portfolio, though this may be completed more quickly.

If the trainee is unable to complete the portfolio within the agreed timeframe, this must be brought to the attention of their mentor and to the relevant governance lead as soon as possible to discuss ongoing arrangements.

The Trust will cover all costs associated with AC training and approval.

4.4 Approval Process

Once the trainee has completed their portfolio and submitted to NEAP, the portfolio will undergo pre-panel scrutiny to ensure that all required evidence is present and sufficient. It may be returned to the applicant if it is not sufficiently robust and will only be sent to the Panel once it is of a suitable standard. NEAP will inform the candidate of the outcome in writing.

Psychologists have the option of submitting their portfolio to the British Psychology Society (BPS) 'Approved Clinician Peer Review Panel' for review prior to submission to the approval panel. Peer review prior to submission is advised by the Department of Health; however this is not mandatory at present.

The Approval Panel will inform the candidate of the outcome and will add the trainee to the AC register. The trainee must inform the Governance leads, mentor, supervisor, and line manager of the outcome.

The trainee MUST have received approval from the Approval Panel before practicing as an AC. Approval lasts for five years (see section 4.7 for the re-approval process)

4.5 Implementation

Once added to the AC Register, the newly qualified AC will meet with the relevant lead to discuss ongoing arrangements regarding supervision, mentorship, application of the role, and Continual Professional Development.

The AC will continue to be supported by a mentor for an agreed period of time following qualification, usually 1 year.

There may be local arrangements, depending upon the needs of the service and/or individual, regarding the nature of the post in which the person is AC.

Following approval, the clinician is eligible to act as a Responsible Clinician (RC). Allocation of cases under the RC role is detailed under the 'Allocation of Responsible Clinicians' policy (REF MHS-0015-v1).

4.6 Supervision

All ACs will adhere to the relevant Trust clinical supervision arrangements relevant to the role. Supervision, whether individually or in a peer group, will be by clinicians with relevant experience of the AC role. It is the responsibility of the AC to ensure that they are adhering to the supervision arrangements.

4.7 Monitoring, Continued Professional Development and re-approval

In order to maintain registration as an AC within the Trust, all ACs must maintain CPD activities in line with the standards of their professional regulating body. ACs will be responsible for ensuring that they continue to regularly attend appropriate AC group meetings, and adhere to the ongoing training and development identified through the trust appraisal process.

Approval is for a maximum of 5 years. ACs are required to apply for re-approval in a timely way to ensure continuous approval. NEAP will issue reminders to ACs when renewal of their status is approaching and pre-set intervals, NEAP maintain a record of all ACs via the DHSC National Database. The relevant governance group will be responsible for maintaining a register of qualified ACs and the time-period for re-approval. Update training and CPD is the responsibility of the AC. This will be identified and arranged on an individual basis in-line with the guidance for re-approval provided by NEAP. ACs are required to attend a one-day AC refresher course which must be within one year of their AC renewal date.

ACs will be responsible for maintaining evidence of their AC work throughout this period and applying for re-approval within the scheduled timeframe. A portfolio is not required. Following application for re-approval the AC must inform the relevant governance leads, mentor, supervisor, and line manager of the outcome.

4.8 Liability

There is no current standard policy within TEWV specifically relating to liability. The Trust's Claims Management Policy provides guidance on how Claims are managed, investigated and dealt with, involving third parties such as NHS Resolution, solicitors and claimants.

5 Definitions

Term	Definition
Approved Clinician (AC)	A mental health professional approved by the Secretary of State or a person or body exercising the approval function of the Secretary of State, or by the Welsh Ministers to act as an approved clinician for the purposes of the Act. Some decisions under the Act can only be taken by people who are approved clinicians. All responsible clinicians must be approved clinicians.
Responsible Clinician (RC)	The approved clinician with overall responsibility for a patient's case. Certain decisions (such as renewing a patient's detention or placing a patient on a community treatment order) can only be taken by the responsible clinician.
Community Treatment Order (CTO)	A CTO provides legal authority to discharge a patient from detention in hospital, subject to the possibility of recall to hospital for further medical treatment if necessary. A CTO patient can only be recalled by the RC.

6 Related documents

- 'Allocation of Responsible Clinicians' policy (Ref MHA-0015-v1)
- 'Claims Management Policy' (Ref CORP-0011-v6.1)
- 'Community Treatment Orders' policy (Ref MHA-0010-v3)
- Guidance for seeking Approved Clinician status via the portfolio route 2017 Link
- Mental Capacity Act (2005). Link
- Mental Health Act (1983). Link

- Mental Health Act 1983 Instructions in relation to approved clinicians (2015). Link
- Mental Health Act 1983 Approved Clinician (General) Directions 2008. Link
- Mental Health Act Amendments (2007). Link
- Mental Health Act 2017 New roles. Link
- Two-day induction training course. Link

7 How this policy will be implemented

• This policy will be published on the Trust's intranet and external website.
• Line managers will disseminate this policy to all Trust employees through a line management briefing.
• The Governance Leads will disseminate this policy to all relevant current or 'in-training' Approved Clinicians.

7.1 Training needs analysis

Staff / Professional Group	Type of Training	Duration	Frequency of Training
All staff approved to train as an AC	Approved Clinician Induction Training Course Training courses - Tees Esk and Wear Valleys NHS Foundation Trust Beachcroft (TEWV preferred provider) RC-PSYCH register of courses	2 days	Once
All staff approved to train as an AC	Postgraduate certificate in professional practice in law: Mental Health	5-days plus one day professional development	Once
AC refresher training	Training courses - Tees Esk and Wear Valleys NHS	1 day	5 yearly

	Foundation Trust Beachcroft (TEWV preferred provider) RC-PSYCH register of courses		

8 How the implementation of this policy will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Register of staff who have successful undergone training to become AC.	Annual review via the Mental Health Legislation Committee (MHLC)	Via MHLC to QUAC (Quality Assurance Governance Committee)
2			
3			

9 References

- Department of Health (2007). *Guidance for seeking Approved Clinician status via the portfolio route.* Link
- National Institute for Mental Health in England (2007). *Mental Health Act 2007 New roles.* Link
- The British Psychological Society (2016). *Guidance for Registered Psychologists in making applications to the BPS Approved Clinician Peer Review Panel*. Link
- The British Psychological Society (2017). *Approved Clinician frequently asked questions. British Psychological Society*. Link
- NHS England (2008). *Mental Health Act 1983 Approved Clinician (General) Directions 2008.* Link

10 Document control

Date of approval:	02 July 2020	
Next review date:	02 July 2023	
This document replaces:	n/a – new policy	
Lead:	Name	Title
	Dr Sarah Dexter-Smith	Director of Therapies
Members of working party:	Name	Title
	Paula Swift Dr Ahmad Khouja Dr Amanda Wild Dr Baxhi Sinha Dr Jo Nadkarni Dr Sarah Hopper Janet McAdam	Senior Social Worker/ Trustwide Lead for Social Work Medical Director Clinical Psychologist, AC Clinical Director AMH Teesside, consultant psychiatrist Psychology Professional Lead, Durham and Darlington, AC Psychology Professional Lead Teesside Nurse Consultant, AC
This document has been agreed and accepted by: (Director)	Name	Title
	Dr Sarah Dexter-Smith	Director of Therapies
This document was approved by:	Name of committee/group	Date
	n/a	
This document was ratified by:	Name of committee/group	Date
	Gold Command	02 July 2020
An equality analysis was completed on this document on:	01 July 2020	

Change record

Version	Date	Amendment details	Status
1	02 July 2020	New document	Ratified

Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Corporate					
Name of responsible person and job title	Sarah Dexter-Smith Director of Therapies					
Name of working party, to include any other individuals, agencies or groups involved in this analysis	AC Working Party					
Policy (document/service) name	Approved Clinician Policy					
Is the area being assessed a…	Policy/Strategy	X	Service/Business plan		Project	
	Procedure/Guidance				Code of practice	
	Other – Please state					
Geographical area covered	Trustwide					
Aims and objectives	To describe the governance arrangements around the selection, training, supervision and initial deployment of approved clinicians					
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	01.04.19					
End date of Equality Analysis Screening (This is when you have completed the	30.06.20					

equality analysis and it is ready to go to EMT to be approved)	

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay or Julie Barfoot on 0191 3336267/3046

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?

Staff eligible to be trained as an Approved Clinician

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

Race (including Gypsy and Traveller)	No	**Disability** (includes physical, learning, mental health, sensory and medical disabilities)	No	**Sex** (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	**Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	**Age** (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	**Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	**Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners)	No

Yes – Please describe anticipated negative impact/s

The potential risk of selection bias is addressed through ensuring opportunities to employ individuals as Approved Clinicians locally when identified through business planning are advertised.

It is recognised that there is an equality risk to those with protected characteristics in how a person in the approved clinician role carries out this function. This is out with the scope of the policy but is a known national issue. The medical director has highlighted the possibility of ensuring the training portfolio demonstrates evidence that this is being considered through escalation

to the North East Approval Panel.

No – Please describe any positive impacts/s

The policy provides a positive incentive for those professional groups eligible to be considered as an Approved Clinician but have to date have had no clear guidance or structured governance arrangement in place.

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? **If 'No', why not?**	**Yes**	**Yes**	**No**	

Sources of Information may include: • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports	• Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

Yes – Please describe the engagement and involvement that has taken place

No – Please describe future plans that you may have to engage and involve people from different groups
This will be monitored through a review of those protected characteristics of people applying, selected and completing the training to be an Approved Clinician.

5. As part of this equality analysis have any training needs/service needs been identified?					
No	Please describe the identified training needs/service needs below				
A training need has been identified for;					
Trust staff	Yes/No	Service users	Yes/No	Contractors or other outside agencies	Yes/No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					

The completed EA has been signed off by: You the Policy owner/manager: Type name: Dr Sarah Dexter Smith (Director of Therapies)	Date: **30.06.20**
Your reporting (line) manager: Type name: Dr Ahmad Khouja (Medical Director)	Date: 01.07.20
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046	