



**Public – To be published on the Trust external website**

# **Title: Approved Clinician (AC) Selection and Training Policy**

**Ref: CLIN-0101-v2**

**Status: Ratified**

**Document type: Policy**

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## 1 Introduction

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- In 2007, the Mental Health Act (1983; MHA) was amended to allow eligible mental health professionals to become Approved Clinicians (ACs). 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 senior clinicians' staff who are currently employed or appointed 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 amended 2007(MHA). Some decisions under the MHA can only be taken by professionals who are ACs. A Responsible Clinician is the AC who has been given responsibility for the patient.
- 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 documentation. This is underpinned by Human Rights Legislation, the fundamental principles of the MHA, MHA Code of Practice, and interfaces with wider legislation.
- Allocation of RCs are set out by the Trust policy 'Allocation of Responsible Clinicians' (MHA-0015), 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.
- This policy should be read in conjunction with the Mental Health Act Code of Practice (DHSC 2015), the Reference Guide to the Mental Health Act (DHSC 2015) and the Mental Health Act exercise of Approval Instructions (DHSC 2015).

This policy should also be read in conjunction with other Trust policies, in particular Allocation of Responsible Clinicians Policy

This policy is critical to the delivery of OJTC and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

- This policy supports the trust to co-create a great experience for all patients, carers and families from its diverse population by ensuring governance of ACs resulting in protection of patients' legal rights and offers the most appropriate eligible clinician to

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lead on a patients care and treatment when detained in hospital and those on Community Treatment Order.

- This policy supports the trust to co-create a great experience for our colleagues by supporting a well led workplace by supporting highly skilled clinicians across eligible professions to become ACs and sufficient responsible clinicians to support recruitment and retention.
- This policy supports the trust to be a great partner, so we will support the overall patient journey coordinating with multi-agency partners and teams.

## 2 Why we need this policy.

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### 2.1 Purpose

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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

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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 as an AC, including ongoing supervision arrangements.
- Ensure training expectations are clearly identified, and clinicians are provided the means to adequately meet these expectations.
- Optimising the AC role across eligible professions
- Enhance multi-disciplinary perspectives to overall quality of patient care.

## 3 Scope

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### 3.1 Who this policy applies to

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

### 3.2 Roles and responsibilities

| Role   | Responsibility  |
|--|---|
| Director of Therapies<br>Chief Nurse<br>Executive Medical Director | <ul style="list-style-type: none"> <li>Responsible for leading and overall governance of the AC programme for professions under their remit.</li> <li>Overall responsibility for supporting and monitoring the training, supervision, and support of the AC programme for professions under their remit.</li> </ul>   |
| Approved Clinicians in training                                    | <ul style="list-style-type: none"> <li>Responsibilities aligned to the AC role as set out by the MHA, and this policy.</li> </ul>   |
| Approvals Panel (NEAP)   | <ul style="list-style-type: none"> <li>Responsible for approving, coordinating training, and maintaining registers for AC's. Completed portfolios are submitted to this panel.</li> <li>NEAP maintain the national database of ACs for the North of England.</li> </ul> <p>Covering Northeast, Northwest and Yorkshire &amp; Humber:</p> <p>North of England Approval Panel (NEAP),<br/>West Park Hospital,<br/>Edward Pease Way,<br/>Darlington,<br/>DL2 2TS<br/>Tel: 0132 5552391</p> <p><a href="mailto:tewv.neap@nhs.net">tewv.neap@nhs.net</a></p> |
| Approved Clinician Steering group                                  | <ul style="list-style-type: none"> <li>Responsible for reviewing and updating AC policies.</li> </ul>   |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• Responsible for supporting the selection, training and development of Approved Clinicians</li> <li>• Strategic development and sustaining of Approved Clinicians</li> <li>• Contributing to job descriptions involving the role of an Approved Clinician</li> </ul> |
|--|--|

## 4 Policy

### 4.1 Identification of candidates

The selection of an individual for AC training will be based on service need, a clear plan of how and where the role is to be deployed. There will be a clear identified need for the role of an AC within the service, and the plan will outline the expectations of this role within the service. As part of this, consideration will be given to the skill mix of the staff team/s where the role is to be deployed in meeting the needs of patients and families. The team/service will need access to s12 approved medical staff and AC prescribers to cover all roles and functions required of the Responsible Clinician as well as the wider multidisciplinary clinical skills to meet peoples needs. If there is an identified service need, there will be an application process for potential candidates.

Whilst demonstrating the competencies to attain AC approval, this is alongside working within an identified professional role within the service. The two main routes to demonstrating AC competencies are:

- Functioning as a senior clinician eligible or working at a consultant position within the service and developing AC competencies whilst in their current role.
- Applying for a senior clinical role in the service, where there is an expectation to develop and demonstrate AC competencies, to be deployed as a Responsible Clinician once an AC.

The achievement of AC status will not automatically result in regrading of position.

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 Specialist, Associate Specialist and Speciality doctors (SAS)
- First level Nurses whose field of practice is Mental Health or Learning Disabilities.

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- Registered Occupational Therapists,
  - Psychologists
  - Registered Social Workers

There are guidelines as to the level of previous experience expected for medical staff wanting to become an AC. They are expected to have 7 years of psychiatry experience with 4 at a senior level and at least 12 months after obtaining section 12 approval). There is an expectation that registered nurses, psychologists, occupational therapists, and social workers will have a similar level of senior clinical experience. Approval as an AC requires individuals to demonstrate eight areas of competencies. These are the role of the AC/RC, legal and policy framework, assessment, treatment, care planning, leadership and multi-disciplinary team working, Equality and diversity and communication. The Instructions provide guidance in Schedule 2 as to the application, function, conditions of approval, professional requirements, and relevant competencies. Instructions with respect to the exercise of an approval function in relation to approved clinicians 2015 ([publishing.service.gov.uk](https://publishing.service.gov.uk)).

Individuals wishing to apply for AC training and development of competencies, should discuss this with their supervisor and manager in line with the Trust appraisal process in order to identify areas of need. Applicants must meet (or be in a position to meet within a 2-year period for developmental roles) the Job Description for a Consultant 8c Nurse, Psychologist, Social worker, or Occupational Therapist deploying their AC role. Development of skills does not guarantee selection for training. For speciality doctors they require being section 12 approved for a minimum of 12 months before developing AC competencies.

With revised job descriptions the following professions must meet academic qualification as detailed below and be registered with their respective regulatory body. Nurses, Occupational Therapists, and Social Workers working as an Approved Clinician will be expected to have a minimum qualification of a relevant Masters degree. Applied Psychologists working as an AC will have a minimum qualification of a Doctoral Qualification or equivalence level of registered training in Clinical, Counselling, Forensic Psychology (or its equivalent prior to 1996).

## 4.2 Selection Process

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Individuals can be identified through a variety of means (including a local team needs analysis, appraisal, or developmental discussions) as being suitable to be considered for AC training. For, internal senior clinicians developing AC competencies alongside their substantive MDT role in a service, 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

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- A letter of support from the Associate Director and General Manager of the area where the trainee will be working. This should also have been discussed with the relevant professional lead.
  - An identified mentor who is supported in their job plan.
  - A panel assessment, including an external panel member to the service area, as required for some disciplines for consultant roles.

For identified senior clinical developmental roles, these will be recruited to and open to all eligible professions with suitable qualifications, competencies, and experience.

The Approved Clinician steering group is involved in the selection and interview process.

There will be a database of those doing AC training and current ACs held centrally by the medical staffing development department.

## 4.3 Training

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Staff members developing AC competencies 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 staff member is developing their AC competencies 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 mentor may or may not be the Responsible Clinician. The process involves working with the RC in a sequence of observing, participating in and being observed to have demonstrated capability for the relevant competency for executing any requisite decision.

The Trust will ensure that the trainee staff member developing AC competencies has one session per week for preparation of the portfolio, which would include shadowing opportunities, and preparation of reports. The mentor works alongside and will regularly reviews their progress. The staff member developing AC competencies should inform their mentor and line manager at the earliest opportunity if they are not receiving appropriate time to complete the training. The mentor will be available for regular discussion and supervision. This would be equivalent to approximately a session a month.

The trainee staff member developing AC competencies is committed to completing all aspects of the Training Set within the agreed timeframe. This would usually be within a two-year period, and the expected timeframe for developmental roles. This includes attendance at a peer support group. The financial cost of training will be provided by the trust. Specific training includes:

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- Attendance at a two-day AC induction course.
  - Nurses, Occupational Therapists, Social Workers, and Psychologists to complete a 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 be Section 12 Approved, for a minimum of 12 months.

The ACs in training will also be expected to update the AC trust wide steering group at biannual 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 mentor and portfolio workshops and we would recommend people developing AC competencies and their mentors to attend these.

If the trainee staff members developing AC competencies are unable to complete the portfolio within the agreed timeframe, this must be brought to the attention of their mentor and to their line manager relevant governance lead as soon as possible to discuss ongoing arrangements to support.

The Trust will cover all costs associated with AC training.

## 4.4 Approval Process

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Once the staff member developing AC competencies 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 NEAP Panel members 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 NEAP Panel will inform the candidate of the outcome and will add the staff member to the AC register. The staff member must inform their mentor, supervisor, and line manager of the outcome.

The staff member **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](#)).

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## 4.5 Implementation

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

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 MHA-0015).

## 4.6 Supervision

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All AC's 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 to support Continued Professional Development (CPD) requirement for re-approval after 5 years as an Approved Clinician.

## 4.7 Monitoring, Continued Professional Development, and re-approval.

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In order to maintain registration as an AC within the Trust, all AC's 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 continued approval. NEAP will issue reminders to AC's when renewal of their status is approaching and at pre-set intervals. NEAP maintain a record of all ACs via the DHSC National Database. It is the responsibility of the AC to update training and CPD. 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 their 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)         | <ul style="list-style-type: none"> <li>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.</li> </ul> |
| Responsible Clinician (RC)      | <ul style="list-style-type: none"> <li>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.</li> </ul>  |
| Community Treatment Order (CTO) | <ul style="list-style-type: none"> <li>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.</li> </ul>   |

## 6 Related documents

- Allocation of Responsible Clinicians' policy (Ref MHA-0015)
- 'Claims Management Policy' (Ref CORP-0011)
- 'Community Treatment Orders' policy (Ref MHA-0010)

## 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  | <p>Approved Clinician Induction Training Course</p> <p><a href="#">Training courses - Tees Esk and Wear Valleys NHS Foundation Trust</a></p> <p>Beachcroft (TEWV preferred provider)</p> <p><a href="#">RC-PSYCH register of courses</a></p> | 2 days                                       | Once                  |
| All staff nurses, psychologists, social workers, and occupational therapists to undertake and complete receive postgraduate applied mental health legislation approved to training as an AC | <p>Postgraduate certificate in professional practice in law: Mental Health</p>   | 5-days plus one day professional development | Once                  |
| AC refresher training   | <p><a href="#">Training courses - Tees Esk and Wear Valleys NHS Foundation Trust</a></p> <p>Beachcroft (TEWV preferred provider)</p> <p><a href="#">RC-PSYCH register of courses</a></p>   | 1 day  | 5 yearly              |

## 8 How the implementation of this policy will be monitored

| Number | 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 and maintained statutory approval to remain an AC.                              | Annual review via national AC database available to Medical Education or through NEAP           | Via Executive Clinical Leaders Sub-group to Executive Management Group.   |
| 2      | The Approved Clinician Steering group will provide assurance and review the progress of staff developing Approved Clinician competencies | Annual review via Approved Clinician Steering group to the Executive Clinical Leaders Sub-group | Via Executive Clinical Leaders Sub-group to Executive Management Group.   |

## 9 References

[Department of Health \(October 2017\) Guidance for seeking Approved Clinician status via the portfolio route](#)

[National Institute for Mental Health in England \(2007\). Mental Health Act 2007 New roles.](#)

[Guidance for registered psychologists in making applications to the BPS Approved Clinician Peer Review Panel | BPS - British Psychological Society](#)

[Approved Clinician FAQ - June 2017 0.pdf \(bps.org.uk\)](#)

[NHS England \(2008\). Mental Health Act 1983 Approved Clinician \(General\) Directions 2008.](#)

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](#)

## 10 Document control (external)

To be recorded on the policy register by Policy Coordinator

| Required information type                            | Information                            |
|--|--|
| Date of approval                                     | 21 May 2024                            |
| Next review date                                     | 21 May 2027                            |
| This document replaces                               | CLIN-0101-v1 Approved Clinician Policy |
| This document was approved by                        | Executive Clinical Leaders Sub-group   |
| This document was approved                           | 17 April 2024                          |
| This document was ratified by                        | Management Group                       |
| This document was ratified                           | 21 May 2024                            |
| An equality analysis was completed on this policy on | 06 February 2024                       |
| Document type  | Public                                 |
| FOI Clause (Private documents only)                  | n/a                                    |

### Change record

| Version | Date        | Amendment details   | Status   |
|---------|-------------|---|----------|
| v2      | 21 May 2024 | <p>Full review with changes:</p> <ul style="list-style-type: none"> <li>• changes and minor corrections throughout.</li> <li>• Clarification - this is a policy for the selection, recruitment, training and deployment for staff developing AC competencies.</li> <li>• impact of this policy regarding future job description for consultant nurses expected to have clinical Masters qualification in line with national requirements of nursing standards.</li> <li>• clarification added in section 4.1 to make clearer regarding overall skill mix required.</li> </ul> | Ratified |

## Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

|  |  |
|--|--|
| <b>Section 1</b>                                   | <b>Scope</b>   |
| <b>Name of service area/directorate/department</b> | Trust wide   |
| <b>Title</b>                                       | Approved Clinician Policy  |
| <b>Type</b>  | Policy   |
| <b>Geographical area covered</b>                   | Trust wide   |
| <b>Aims and objectives</b>                         | To describe the governance arrangements around the selection, training, supervision, and initial deployment of Approved Clinicians |
| <b>Start date of Equality Analysis Screening</b>   | 06 February 2024   |
| <b>End date of Equality Analysis Screening</b>     | 06 February 2024   |

| Section 2   | Impacts   |
|---|---|
| <p><b>Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?</b></p>  | <p>Governance of Approved Clinicians is of vital importance to help ensure the legality of decision-making impacting on an individual's liberty and ensuring correct completion of legal paperwork documentation. Patients, families, carers and staff benefit from this.</p>   |
| <p><b>Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?</b></p> | <ul style="list-style-type: none"> <li>• <b>Race</b> (including Gypsy and Traveller) <b>NO</b></li> <li>• <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities) <b>NO</b></li> <li>• <b>Sex</b> (Men and women) <b>NO</b></li> <li>• <b>Gender reassignment</b> (Transgender and gender identity) <b>NO</b></li> <li>• <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) <b>NO</b></li> <li>• <b>Age</b> (includes, young people, older people – people of all ages) <b>NO</b></li> <li>• <b>Religion or Belief</b> (includes faith groups, atheism and philosophical beliefs) <b>NO</b></li> <li>• <b>Pregnancy and Maternity</b> (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) <b>NO</b></li> <li>• <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) <b>NO</b></li> <li>• <b>Armed Forces</b> (includes serving armed forces personnel, reservists, veterans and their families) <b>NO</b></li> <li>• <b>Human Rights Implications</b> <b>NO</b> (<a href="#">Human Rights - easy read</a>)</li> </ul> |
| <p><b>Describe any negative impacts / Human Rights Implications</b></p>   | <p>The potential risk of selection bias is addressed through ensuring opportunities to employ individuals as Approved Clinicians locally working in their substantive senior clinical roles or through formal recruitment to vacant or developmental roles. It is recognised that there is an equality risk to those with</p>   |

|  |   |
|--|---|
|  | protected characteristics in how a person in the approved clinician role carries out this function. This is similar across all mental health and learning disability practitioner roles.  |
| <b>Describe any positive impacts / Human Rights Implications</b> | The policy provides a positive incentive for those professional groups eligible to be considered as an Approved Clinician with guidance to support overall governance for these roles through new ways of working and the implementation guide for Multi-professional Approved Clinicians through Health Education England (now training workforce developments via NHS England). |

| Section 3   | Research and involvement   |
|---|--|
| What sources of information have you considered? (e.g., legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.) | See references section   |
| Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?                    | Yes  |
| If you answered Yes above, describe the engagement and involvement that has taken place   | <p>More monitoring to follow through trust wide consultation of all staff.</p> <p>Consultation with lived experience director and Equality Diversity and Human Right trust lead, to provide oversight of the policy impact.</p> <p>This will be monitored through a consideration of the protected characteristics of people applying, selected, and completing the training to be an Approved Clinician, and their experiences.</p> |
| If you answered No above, describe future plans that you may have to engage and involve people from different groups                                  |  |

| Section 4   | Training needs  |
|---|---|
| As part of this equality impact assessment have any training needs/service needs been identified? | No – note the development of Approved Clinician includes Equality, Diversity and Human Rights training at a leadership level. |
| Describe any training needs for Trust staff   | No  |
| Describe any training needs for patients  | No  |
| Describe any training needs for contractors or other outside agencies                             | No  |

**Check the information you have provided and ensure additional evidence can be provided if asked.**

## Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

| Title of document being reviewed:   | Yes / No / Not applicable | Comments   |
|---|---------------------------|--|
| <b>1. Title</b>   |                           |  |
| Is the title clear and unambiguous?   | Y                         |  |
| Is it clear whether the document is a guideline, policy, protocol or standard?                        | Y                         |  |
| <b>2. Rationale</b>   |                           |  |
| Are reasons for development of the document stated?   | Y                         |  |
| <b>3. Development Process</b>   |                           |  |
| Are people involved in the development identified?  | Y                         |  |
| Has relevant expertise has been sought/used?  | Y                         |  |
| Is there evidence of consultation with stakeholders and users?  | Y                         |  |
| Have any related documents or documents that are impacted by this change been identified and updated? | N/A                       | Note the Allocation of Responsible Clinicians' policy (Ref MHA-0015) does not require amendment. |
| <b>4. Content</b>   |                           |  |
| Is the objective of the document clear?   | Y                         |  |
| Is the target population clear and unambiguous?   | Y                         |  |
| Are the intended outcomes described?  | Y                         |  |
| Are the statements clear and unambiguous?   | Y                         |  |

|   |     |         |
|---|-----|---------|
| <b>5. Evidence Base</b>   |     |         |
| Is the type of evidence to support the document identified explicitly?                              | Y   |         |
| Are key references cited?   | Y   |         |
| Are supporting documents referenced?  | Y   |         |
| <b>6. Training</b>  |     |         |
| Have training needs been considered?  | y   |         |
| Are training needs included in the document?  | Y   |         |
| <b>7. Implementation and monitoring</b>   |     |         |
| Does the document identify how it will be implemented and monitored?                                | y   |         |
| <b>8. Equality analysis</b>   |     |         |
| Has an equality analysis been completed for the document?   | y   |         |
| Have Equality and Diversity reviewed and approved the equality analysis?                            | Y   |         |
| <b>9. Approval</b>  |     |         |
| Does the document identify which committee/group will approve it?                                   | y   |         |
| <b>10. Publication</b>  |     |         |
| Has the policy been reviewed for harm?  | y   | No harm |
| Does the document identify whether it is private or public?   | y   | public  |
| If private, does the document identify which clause of the Freedom of Information Act 2000 applies? | n/a |         |
| <b>11. Accessibility</b> ( <a href="#">See intranet accessibility page for more information</a> )   |     |         |

|   |   |  |
|---|---|--|
| Have you run the Microsoft Word Accessibility Checker?<br>(Under the review tab, 'check accessibility'. You must remove all errors) | Y |  |
| Do all pictures and tables have meaningful alternative text?  | Y |  |
| Do all hyperlinks have a meaningful description? (Do not use something generic like 'click here')                                   | Y |  |