

Annex E (1)

National Advisory Group for Approved Clinician Training Guidance

Guide to becoming an approved clinician

Introduction

This guidance has been produced by the National Advisory Group for Approved Clinicians (NAGACT). It is for applicants and approval panels. It outlines how applicants can achieve and demonstrate the competencies necessary to be approved as an approved clinician.

It covers non-medical applicants and medical applicants who are not on the Specialist Register for psychiatry. Doctors accreditation to the Specialist Register are considered to have demonstrated sufficient evidence of the competencies required to be an AC.

Initial approved clinician training

As well as being able to demonstrate they have the necessary competencies to be an AC, Directions require that all applicants must also have completed a course for the initial training of approved clinicians in the two years before seeking approval (see Annex F for suggested standards and content of initial AC training). This will be in addition to any preparatory training towards developing the competencies that is organised locally.

Identifying potential applicants for approval

Potential applicants for AC approval will be very experienced, well-qualified professionals who, given the necessary additional training and development opportunities, should be able to demonstrate the full range of competencies to be approved as an AC. Employers should actively identify such individuals and nominate them as potential applicants for approval as an AC.

Employers may wish to consider adopting a staged process to identifying and supporting potential applicants not on the Specialist Register, with the most experienced eligible non-medical

professionals being identified in the initial stages to provide supervision for succeeding cohorts.

Nominating employers will need to:

- Make a commitment to the ongoing support of the potential applicant, including identifying the resources necessary during the period of development. Organisations may be asked to provide evidence that they have committed to supporting the individual appropriately.
- Agree to inform the approving panel of any issue that may affect the ACs competence or ability to carry out the role.

Developing and demonstrating the competencies

Annex E(2) provides guidance for potential applicants on how they may develop and demonstrate their existing skills and competencies to achieve the full range of competencies required for the AC role.

There is currently no nationally recommended training course that sets out to help potential candidates develop their competencies. There are underway some local initiatives to develop such training – for example, Northumberland Tyne and Wear NHS Trust are developing a programme of training and development for potential ACs.

Accreditation of competencies by professional bodies

There is currently no uniform process across the professional bodies that would allow for some form of pre-approval scrutiny of an applicant's portfolio. Establishing such a quality assurance process across the professional groups could take various forms. The aim would be to enhance the consistency of applicants' submissions and provide advice to SHA approval panels by considering the relevant weight of evidence submitted by applicants with regard to their prior skills, training and experience.

Developments could build on existing national professional structures (for example, the national assessors' panel of the British Psychological Society). Or local/regional pre-approval panels could be established comprising senior clinicians from adjoining trusts to consider the submissions and act in an advisory capacity to the SHA approval panels.

Further discussion on this matter will take place through NAGACT, in discussion with SHA as approving authorities, with a view to producing further guidance.

Submitting the portfolio

On completion of these development and training activities the employer should submit the applicant's portfolio to the approval panel.

The portfolio submitted to the approval panel should include:

- Documentary evidence of professional qualification.
- Documentary evidence of current registration with the appropriate registration body.
- Evidence to demonstrate competence – see below.
- Evidence of completion of initial training for the AC role within the last 2 years.
- Confirmation from the employer of their support for the applicant, and agreement to provide information to the panel on competency issues.
- Declaration by the applicant of agreement to comply with the conditions of approval required by regulation 6(1) of the AC Directions, that is:
 - notification if requirements of approval no longer met;
 - stopping work as an AC and notifying the approving authority if suspended; and
 - agreeing to any other condition that the approving authority thinks appropriate.

Evidence of competence

When applying for approval, applicants are required to demonstrate a comprehensive understanding of the role of the AC, including the role of the responsible clinician, legal responsibilities and key functions.

Applicants may draw on a range of evidence to demonstrate competence but as a minimum they should provide:

- A summary of their experience as relevant to the role of AC.
- A minimum of two anonymised case reports relating to their involvement in the care of a detained patient. The hypothetical case report (an actual report will not be possible until they are approved) prepared by the applicant should be appended to, and provide an explanatory commentary on, a statutory report (eg. for MHRT; Section renewal). The case report should include and reflect upon the key areas of competence: Mental Health legislation and policy; assessment; treatment; care planning; leadership and multi disciplinary working; treatment; equality and diversity; and should show an appreciation of the principles of the Code of Practice.
- Two testimonies from suitably qualified professionals in a senior role that can validate the applicant's aptitude for the AC role. One of these should be from a different profession from the applicant.
- A 360 degree appraisal that may include user or carer feedback and should include the applicant's immediate line manager/ supervisor, and multi-disciplinary team colleagues.

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Specific required competencies, their attainment and sources of evidence

This guidance has been produced by the National Advisory Group for Approved Clinicians (NAGACT). It is intended to be neither exhaustive nor prescriptive but aims to aid applicants, employers and approval panels in considering how potential applicant might acquire and demonstrate the competencies required for approval as AC.

In the tables below, examples of possible existing skills, knowledge and experience of the required competencies are above the midline; and those that may need to be acquired are beneath. It is not suggested all of the examples of evidence will be needed to demonstrate competence. This will, of course, vary for each individual.

1. The role of the approved clinician and responsible clinician

A comprehensive understanding of the role, legal responsibilities and key functions of the approved clinician and the responsible clinician.

HOW ACQUIRED	EVIDENCE
Existing professional skills, knowledge and experience	<ul style="list-style-type: none"> • Professional qualification • Curriculum vitae (CV) including, e.g. publications, committee work • Continued Professional Development (CPD) logs • Specific experience and training • Anonymised reports, documents
Shadowing AC/RC/AMHP Suitable coursework Seminars, teaching Learning set membership Specific training	<ul style="list-style-type: none"> • Certificate • Testimonial/log • Certificate & CPD approved by profession • Reflective log/journal • Certificate • 360 degree assessment

This is an overarching competence. The AC and RC competencies will build on existing professional competencies. Additional skills, knowledge and experience should be acquired, where these are lacking, to demonstrate the full range of AC/RC competencies.

2. Legal and Policy Framework

(a) Applied knowledge of the Mental Health Act 1983, related Codes of Practice and national and local policy and guidelines

HOW ACQUIRED	EVIDENCE
Existing knowledge	<ul style="list-style-type: none"> • CV • CPD log
Training by appropriate provider (Law school, accredited body)	<ul style="list-style-type: none"> • Certificate
Shadowing AC/RC/AMHP	<ul style="list-style-type: none"> • Anonymised statutory reports based on supervised practice/ shadowing

(b) Applied knowledge of other relevant legislation, codes of practice, national and local policy guidance, in particular, relevant parts of the Human Rights Act 1998, the Mental Capacity Act 2005, and the Children Acts.

HOW ACQUIRED	EVIDENCE
Existing knowledge	<ul style="list-style-type: none"> • CV • CPD log
Training by appropriate provider (Law school, accredited body)	<ul style="list-style-type: none"> • Certificate
Shadowing	<ul style="list-style-type: none"> • Anonymised reports

(c) Applied knowledge of relevant guidance issued by the National Institute for Health and Clinical Excellence (NICE).

HOW ACQUIRED	EVIDENCE
Knowledge of evidence-based practice relevant to likely patient group (AMH, LD, CAMS, Autism, PD, OP) about whom decisions will be made.	<ul style="list-style-type: none"> • CPD • Learning set work • Evidenced knowledge of <ul style="list-style-type: none"> - professional guidelines - NICE - National Service Frameworks - policies

In the above paragraph "relevant" means relevant to the decisions likely to be taken by an approved clinician or responsible clinician. Where national or professional guidance is not available the applicant should use other evidence-based sources relevant to the patient group likely to be subject to their decisions.

The applied component should be underpinned by shadowing RMO/AC/RC and ASW/AMHP and by evidenced reflective practice in learning sets.

3. Assessment

Demonstrated ability to:

- identify the presence of mental disorder;
- identify the severity of the disorder; and
- determine whether the disorder is of the kind or degree warranting compulsory confinement.

HOW ACQUIRED	EVIDENCE
Professional training and experience	<ul style="list-style-type: none"> • Training curriculum • Professional body accreditation of these specific competencies • Job Description (JD) • CV • Statutory report and a linked case report • Relevant publications by applicant
Specific training (e.g. assessment tools for different patient groups)	<ul style="list-style-type: none"> • Certificate • CPD log

Whilst the relative seniority of many applicants should ensure a high degree of existing competency in assessment, evidence of shadowing of RMO/AC/RC and ASW/AMHP is vital to demonstrate especially c. above. This evidence should also be demonstrated in reflective learning set logs/journal.

Workshops on mental health assessments preparatory to detention with practicing RMOs/ACs/RCs and ASWs/AMHPs is recommended.

3.2 Ability to assess all levels of clinical risk, including risks to the safety of the patient and others within an evidence-based framework for risk assessment and management.

HOW ACQUIRED	EVIDENCE
Professional training and experience	<ul style="list-style-type: none"> • Professional body accreditation • CV • CPD • JD
Training in relevant risk assessment and management tools and processes	<ul style="list-style-type: none"> • Certificate • Anonymised reports: care plans • Learning set logs • Application of formal risk management tools

3.3 Demonstrated ability to undertake mental health assessments incorporating biological, psychological, cultural and social perspectives.

HOW ACQUIRED	EVIDENCE
Professional training and experience	<ul style="list-style-type: none"> • Professional body accreditation • CV • CPD • JD
Shadowing AC/RC/AMPH	<ul style="list-style-type: none"> • Testimonial; reflective log/journal • Evidence of MHA assessment involvement/ case reports

All the above evidence should be relevant to the patient group/s the applicant is likely to be making decisions about.

4. Treatment

Understanding of:

(a) mental health related treatments, i.e. physical, psychological and social interventions;

HOW ACQUIRED	EVIDENCE
Professional training and experience	<ul style="list-style-type: none"> • Professional body accreditation • CV • CPD • JD
Commissioned didactic/seminar courses in areas of identified knowledge – need (e.g. ECT, psychopharmacology, psycho-surgery)	<ul style="list-style-type: none"> • Certificate of attendance • CPD log

(b) An understanding of different treatment approaches and their applicability to different patients.

HOW ACQUIRED	EVIDENCE
As above	As above <ul style="list-style-type: none"> • Reports and care plans

Applicants can be expected to have an existing competency base at least in non-medical areas of treatment.

The CPD and specific training will be pertinent to professions, for example nurse applicants may be registered on non-medical prescribing courses.

4.2 Demonstrated high level of skill in determining whether a patient has capacity to consent to treatment.

HOW ACQUIRED	EVIDENCE
Professional training and experience	<ul style="list-style-type: none"> • Professional body accreditation • CV • CPD • JD
Workshops on MCA; consent to treatment	<ul style="list-style-type: none"> • Certificate • Awareness of professional guidelines

4.3 Ability to formulate, review appropriately and lead on treatment for which the clinician is appropriately qualified in the context of a multi-disciplinary team.

HOW ACQUIRED	EVIDENCE
Professional training and experience	<ul style="list-style-type: none"> • JD • Reports/care plans • Testimonial: Multi-disciplinary team (MDT) • 360 degree appraisal

4.4 Ability to communicate clearly the aims of the treatment, to patients, carers and the team.

HOW ACQUIRED	EVIDENCE
Professional training and experience	<ul style="list-style-type: none"> • JD • Professional body accreditation • 360 degree appraisal

5. Care Planning

5.1 Demonstrated ability to manage and develop care plans which combine health, social services, and other resources, ideally, but not essentially, within the context of the Care Programme Approach.

HOW ACQUIRED	EVIDENCE
Professional experience Undertaking care co-ordination	<ul style="list-style-type: none"> • JD: CV; CPD • Anonymised care plan/ service specification reports
Attendance at CPA case reviews Shadowing RC Appropriate workshops/training	<ul style="list-style-type: none"> • Job plan – certified • Evidence of contribution to a care plan • As before • Certificate

6. Leadership and Multi-Disciplinary Team Working

6.1 Ability to effectively lead a multi-disciplinary team.

HOW ACQUIRED	EVIDENCE
Professional and experience	<ul style="list-style-type: none"> • CV, JD
Leadership training Team work training	<ul style="list-style-type: none"> • certificate • certificate • 360 degree appraisal

6.2 Ability to assimilate the (potentially diverse) views and opinions of other professionals, patients and carers, whilst maintaining an independent view.

HOW ACQUIRED	EVIDENCE
Professional training and experience	<ul style="list-style-type: none"> • CV, JD, CPD • Anonymised care plans • 360 degree appraisal

6.3 Ability to manage and take responsibility for making decisions in complex cases without the need to refer to supervision in each individual case.

HOW ACQUIRED	EVIDENCE
Professional training and experience	<ul style="list-style-type: none"> • CV, JD, CPD • Anonymised care plans • 360 degree appraisal

6.4 Understands and recognises the limits of their own skills and recognises when to seek other professional views to inform a decision.

HOW ACQUIRED	EVIDENCE
Via supervision and reflective practice	<ul style="list-style-type: none"> • Evidence of clinical supervision • 360 degree appraisal

7. Equality and Cultural Diversity

7.1 Up to date knowledge and understanding of equality issues, including those concerning race, disability, sexual orientation and gender.

HOW ACQUIRED	EVIDENCE
Knowledge of policy and legislation	<ul style="list-style-type: none"> Attendance at appropriate courses manager's training commissioned (law school)

7.2 Ability to identify, challenge, and where possible redress discrimination and inequality in all its forms in relation to approved clinician practice.

7.3 Understands the need to sensitively and actively promote equality and diversity.

7.4 Understanding of how cultural factors and personal values can affect practitioners' judgments and decisions in the application of mental health legislation and policy.

HOW ACQUIRED	EVIDENCE
Values-based practice of legal knowledge	<ul style="list-style-type: none"> JD Annual job appraisal process 360 degree appraisal Practice supervision records Anonymised correspondence and reports/plans

Reflective learning set activities should reflect this area. Evidence of policies and models drawn on should be specific to patient group (e.g. Valuing people, normalisation with LD).

8. Communication

8.1 Ability to communicate effectively with professionals, patients, carers and others, particularly in relation to decisions taken and the underlying reasons for these.

HOW ACQUIRED	EVIDENCE
Professional training and experience	<ul style="list-style-type: none"> JD 360 degree appraisal

8.2 Ability to keep appropriate records and an awareness of the legal requirements with respect to record keeping.

HOW ACQUIRED	EVIDENCE
Knowledge of law and policy	<ul style="list-style-type: none"> CPD log

8.3 Demonstrates an understanding of and has the ability to manage the competing requirements of confidentiality and effective information sharing to the benefit of the patient and other stakeholders.

HOW ACQUIRED	EVIDENCE
Professional training and experience	<ul style="list-style-type: none"> • JD • Professional requirements • Knowledge of Trust policy • Reports/ care plans/ recorded entries to notes

8.4 Ability to compile and complete statutory documentation and to provide written reports as required of an approved clinician.

HOW ACQUIRED	EVIDENCE
Professional experience Formal AC training Shadowing AC/RO/AMHP	<ul style="list-style-type: none"> • Anonymised reports • Certificate • Testimonial/log

8.5 Ability to present evidence to courts and tribunals.

HOW ACQUIRED	EVIDENCE
Professional experience	<ul style="list-style-type: none"> • OV • Anonymised reports
Specialist course attendance (MHP1s; court work) Shadowing	<ul style="list-style-type: none"> • Certificate • Testimonial/log

Apart from 8.3 – 8.5 the seniority of most eligible applicants should ensure competency.