



**APPROVALS PANEL ENGLAND SOUTH
APPLICATION FOR APPROVAL AS AN APPROVED CLINICIAN UNDER THE MENTAL
HEALTH ACT 1983 (AS AMENDED 2007)**

PLEASE ENSURE THE APPLICATION FORM IS COMPLETED IN FULL AND WITHOUT ERROR

INITIAL RENEWAL

1. PERSONAL DETAILS

| | |
|--|--|
| Given / First Name(s): | |
| Surname: | |
| Please state any other names you have been known by: | |
| Date of birth: | |

2. PROFESSIONAL CONTACT DETAILS

These details will be visible to users of the Mental Health Act approvals database

| | |
|---|--|
| Employing organisation: | |
| Professional address: | |
| Postcode: | |
| Address for MHA approvals database users to view if different from professional address | |
| Postcode: | |
| Landline Number | |
| Work Mobile Number | |
| Email address | |
| Secretary's name, phone number and email (NOT visible to approvals database users): | |

3. PRESENT APPOINTMENT

| | |
|----------------------|-----------------------------|
| Role: | Specialty: |
| Date of Appointment: | Date of End of Appointment: |

Locum Substantive Retired Independent Fixed Term Contract Training

Are you working through a Locum Agency? Yes No If Yes, please provide agency details in box below:

| | |
|----------------------|--|
| Agency name: | |
| Agency address: | |
| Postcode: | |
| Telephone number(s): | |
| Email: | |

4. PERSONAL CONTACT DETAILS

This personal information is for **administrators use only** and will not be made public on the Mental Health Act approvals database.

| | |
|-------------------------|--|
| Home address: | |
| Postcode: | |
| Home landline: | |
| Personal mobile: | |
| Personal email address: | |

5. AVAILABILITY

These details will be visible to users of the Mental Health Act approvals database
Please clearly indicate in the relevant box.

| | | | | | |
|------------------------|------------------------------|-----------------------------|---------------------------------|------------------------------|-----------------------------|
| Regular working hours: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Out of hours (evening/weekend): | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|------------------------|------------------------------|-----------------------------|---------------------------------|------------------------------|-----------------------------|

Fee Paying Work Availability:

| | | | |
|-------------|--|-----------|--|
| Start Time: | | End Time: | |
|-------------|--|-----------|--|

| | | | | | | | | | | | | | |
|-----|--------------------------|-----|--------------------------|-----|--------------------------|------|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|
| Mon | <input type="checkbox"/> | Tue | <input type="checkbox"/> | Wed | <input type="checkbox"/> | Thur | <input type="checkbox"/> | Fri | <input type="checkbox"/> | Sat | <input type="checkbox"/> | Sun | <input type="checkbox"/> |
|-----|--------------------------|-----|--------------------------|-----|--------------------------|------|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|

| | | | |
|--------|--|-----------|--|
| Tel No | | Mobile No | |
|--------|--|-----------|--|

6. LANGUAGES SPOKEN

Please list below:

| | |
|--|--|
| | |
|--|--|

The information below is not visible to users of the Mental Health Act approvals database

7. AC APPROVAL

| | | |
|---|------------------------------|-----------------------------|
| Is this your first application for approval? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you <u>ever</u> been refused approval by another Panel, if so, by which Panel and why? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | |
|--|--------------|
| Previous approving Panel (if applicable) | Expiry Date: |
|--|--------------|

8. PROFESSIONAL HISTORY

| | | |
|--|------------------------------|-----------------------------|
| Name of professional body: | Registration / GMC No: | |
| Is your registration with conditions? (if yes provide details – use a separate sheet if necessary) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Doctors - Are you on the GMC Specialist Register in Psychiatry? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

9. PROFESSIONAL QUALIFICATIONS

Year Obtained

| | |
|--|--|
| | |
| | |
| | |
| | |

10. APPROVED CLINICIAN TRAINING

| | | |
|--|------------------------------|-----------------------------|
| Initial Approval - Have you attended a two day AC Induction training course ratified by an Approvals Panel within the two year period immediately preceding the date of this application? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Re-approval - Have you attended a one day AC Refresher course ratified by an Approvals Panel within the one year period immediately preceding the date of your application? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you booked on a course which is yet to take place? If so, please give details below: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Course Provider | | |
| Place: | | |
| Date: | | |

(Please enclose a copy of your certificate. If you have yet to attend the training course, please send this once you receive it)

11. CONTINUING PROFESSIONAL REQUIREMENTS

| | | |
|--|------------------------------|-----------------------------|
| Psychiatrists - Are you registered with the Royal College of Psychiatrists CPD programme? If, so please supply a copy of your latest Certificate of Good Standing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If not registered with CPD scheme, please confirm that you have completed a minimum of 50 hours professional CPD over the last 12 months and duly completed the local CPD form and this has been approved by your peer group. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Higher training grade doctors please provide evidence of ARCP/Rita Form | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Nurses, psychologists, social workers, occupational therapists – evidence you are up to date within your professional requirements. Please give details on a separate sheet. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

12. DISCLOSURE AND BARRING SERVICE (FORMERLY CRB)

| | | |
|---|------------------------------|-----------------------------|
| If you are not employed by a person or organisation that is registered by the Care Quality Commission (under Chapter 2 of the Health and Social Care Act 2008), eg locum agency you will be required to provide a DBS certificate which is clearly dated. | | |
| Certificate required? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

13. CURRICULUM VITAE (CV)

| | |
|--|------------------------------|
| I enclose a full Curriculum Vitae (Please clearly indicate the reason for any gaps in employment, and if there are periods of part-time working, please clearly indicate WTE) | Yes <input type="checkbox"/> |
|--|------------------------------|

14. REFERENCES

Please supply the name, postal and e-mail address of two referees (one must have worked with you for a minimum of three months in the previous twelve months, and one must have known you for a minimum of three months in England or Wales. Referees must be able to comment on your understanding of and ability to implement the Mental Health Act (1983). England South Approvals Panel has set reference forms which will be sent to your referees.

One of the referees must be your current or most recent Medical Director or Clinical Director or equivalent, but where an applicant is on a training programme recognised by the Royal College of Psychiatrists, the referee may be the Programme Director or a person the approving body considers equivalent to a Programme Director (ie current or most recent Educational Supervisor). One of the referees must be an Approved Clinician, the other referee may be drawn from one of the groups listed, please indicate which group.

Referee 1

- Medical or Clinical Director or equivalent
- (For higher trainees) Training Programme Director

| | |
|------------------|--|
| Name: | |
| Role: | |
| Contact address: | |
| Postcode: | |
| Phone / mobile: | |
| Email address: | |

Referee 2

- An Approved Clinician
- An Approved Mental Health Professional with whom the applicant has worked within the preceding twelve months
- Medical or Clinical Director or equivalent
- Programme Director or equivalent

| | |
|-------|--|
| Name: | |
|-------|--|

| | |
|------------------|--|
| Role: | |
| Contact address: | |
| Postcode: | |
| Phone / mobile: | |
| Email address: | |

15. APPLICANT'S DECLARATION

I understand that if Approved Clinician status is granted, pursuant to this application, my name, employment address and telephone numbers, grade and re-approval date will be added to the Mental Health Act 1989 approvals database. The approvals database is maintained on behalf of the Secretary of State and is used by AMHPs, police, employers, CCGs, courts, prisons to ascertain that a clinician has the appropriate approval under the Mental Health Act. The Data Protection Act 2018 and General Data Protection Regulation apply. By entering this process my documents will be stored electronically and shared electronically with England South Approvals Panel for reasons set out in the accompanying Privacy Notice.

I declare the information I have given in this application is true and accurate.

| | | | |
|-------------------|--|--------------|--|
| SIGNATURE: | | DATE: | |
|-------------------|--|--------------|--|

Please note that until all relevant evidence is provided, an application cannot be considered by the Panel

To be returned to:

| | |
|--|---|
| Mental Health Act Approvals Office, Winterhead Ltd, Room 2/3 Station Hill House, Station Road Chippenham, Wiltshire SN15 1EQ. Or Email to office@winterhead.co.uk | Please only send the form via one delivery method, if emailed we do not require a postal copy as well. If you have any queries prior to sending the application form please ring <u>01249 443931</u> |
|--|---|



ENGLAND SOUTH APPROVALS PANEL

ACTING UP DECLARATION

To be completed by the person who made the acting up offer:

Name of Applicant

GMC Number

CCT Date

Start Date of Acting Up Post

I confirm on behalf of my organisation that the above applicant is supported in making an application for Approved Clinician status.

The applicant has been offered an Acting-Up position which will involve making decisions only devolved to an Approved Clinician and they are competent to undertake this role.

This post forms part of their final training in order for them to attain their Certificate of Completion of Training for Psychiatry.

Print Name

Job Title

Organisation

Signature

Date

Please return to:-

Winterhead Ltd, Room 2/3 Station Hill House, Station Hill, Chippenham, Wiltshire, SN15 1EQ

Email: office@winterhead.co.uk

For queries please telephone 01249 443931

www.winterhead.co.uk

Please check that you have included copies of the following documents with your application form:

| Item | ✓ |
|---|---|
| Application Form has been signed above | Yes <input type="checkbox"/> To follow <input type="checkbox"/> |
| AC Course Certificate (Introductory/Refresher whichever relevant), or course booking confirmation | Yes <input type="checkbox"/> To follow <input type="checkbox"/> |
| CPD Certificate or 50 hours signed by two peer group members (ARCP Outcome for ST6s) | Yes <input type="checkbox"/> To follow <input type="checkbox"/> |
| Enhanced DBS or DBS update service number if not working in a CQC registered organisation. | Yes <input type="checkbox"/> To follow <input type="checkbox"/> N/A |
| Passport Size Photograph – Head and Shoulders email photo will suffice | Yes <input type="checkbox"/> To follow <input type="checkbox"/> |
| Full up to date CV | Yes <input type="checkbox"/> To follow <input type="checkbox"/> |
| Have you asked your referees permission to be contacted by this office? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Please note that until all relevant evidence is provided, an application cannot be considered for approval by the Panel and applications can only remain “live” for a maximum of 6 months from receipt.

Mental Health Act Register Database NHS

PRIVACY NOTICE

This notice has been prepared to comply with the General Data Protection Regulation.

The Approval Panel is one of four regional panels that are appointed by the Department of Health and Social Care to manage the application and approval processes for clinicians wishing to act as Section 12 doctors or Approved Clinicians under the Mental Health Act 1983.

Where Section 12 or Approved Clinician status is granted by the Approval Panel to a clinician, certain personal data, including name, employment address and telephone numbers, grade and re-approval date are added to the Mental Health Act 1989 approvals database and stored electronically. The Data Protection Act 2018 and General Data Protection Regulation (GDPR) apply.

Information on the approvals database may be shared with certain professionals and organisations that have a routine need to ascertain that clinicians have the appropriate approval under the Mental Health Act 1983. Primarily this will include local authorities and Approved Mental Health Professionals, and will also include police, NHS Trusts and Foundation Trusts, Clinical Commissioning Groups, courts, and prisons. By way of example, your information may be retrieved by a user searching for Section 12 doctors working in a particular geographical area.

This is therefore a public task under the GDPR. The processing is necessary for the Department and its Approval panels to perform a task in the public interest or for official functions, and the task or function has a clear basis in law.

Access and use of the MHA Database is subject to current Data Protection legislation and regulation. This includes The Data Protection Act 2018 and the GDPR, as well as related legislation including the

Computer Misuse Act 1990. Only personnel authorised by the Department of Health and Social Care, or by the four regional Approval Panels, can access and use the Database. Such personnel are obliged to sign an agreement recognising that it is an offence to replicate and disseminate information contained on the database.

On expiry of a clinician's approval, or after a request to be removed from the database, personal data may be retained in an archive for a period of ten years. This is to allow for a timely reactivation of your approval status as well as to provide evidence of a clinician's previous approval status.

The Approval Panel will also keep personal data pertaining to a clinician's application for approval as is necessary to perform its function of considering such applications and granting approval.

Under the GDPR, you have the following rights:

- the right to be informed;
- the right of access;
- the right to rectification;
- the right to erasure;
- the right to restrict processing;
- the right to data portability;
- the right to object; and
- the right not to be subject to automated decision-making including profiling.

You are asked to consent to these arrangements on the Applicant's Declaration.



APPROVALS PROCESS AND PROCEDURES

The Secretary of State has contracted with Winterhead Ltd to exercise the powers conferred by section 12ZA(5) of the Mental Health Act 1983(a) for the South of England, referred to as the approval functions.

Winterhead Ltd exercise its function by the retention of a panel, the Mental Health Act Approvals Panel South (the panel), drawn from a wide range of professionals who are representative of the membership of the register. The panel endeavors to be representative of its membership in terms of profession, geography, specialty and diversity by age, gender, ethnic and staff group.

The panel receive managerial support from Hilary Eagles, Head of Business, Kerry Millar, Approvals Manager and they are supported by the Approvals Administrators Nerissa Millett and Sam Bolton employed by Winterhead Ltd in relation to the performance of these function.

1. APPLICATIONS

Application forms, additional required documentation and photo should be submitted to the Approvals Team, either by email or post. Please **DO NOT** email **and** Post submit via one delivery method only. In the first instance email paperwork to office@winterhead.co.uk

Post to: Winterhead Ltd, MHA Approvals Office, Room 2/3 Station Hill House, Station Hill Chippenham, Wiltshire, SN15 1EQ or

Email to:- office@winterhead.co.uk

Telephone : 01249 443931

You must allow a minimum of 8 weeks to complete the process, we ask you to refrain from contacting the office to find out progress of the application within the initial 8 week period. If we have any issues we do contact you directly.

Completed applications for both initial and re-approval are subject to a strict administrative process which includes:-

- Check the form is completely correctly and in full; if not return to practitioner
- Check the training certificate, a full CV, evidence of CPD and photo is attached;
- Email confirmation of receipt and confirm all is satisfactory;
- Check the referees meet the requirements of the instructions and take references.
- Undertake a Professional organisation registration check.
- Undertake Professional Performance Alerts check.
- To check a DBS certificate for persons not employed or in a partnership that is registered under Chapter 2 of the Health and Social Care Act 2008 or currently employed by a person so registered.
- On receipt of the above, initial approvals are sent to two panel members for scrutiny.
- On receipt of above, re-approvals are scrutinised by the Approvals Lead.
- Re-approvals who have not previously been approved by in the South of England will be sent to two panel members for scrutiny.
- Decision communicated to the applicant by email only.

Although processes are followed strictly, where there is any minor doubt or panel disagreement the Panel Chair may be asked to make a decision. For a major doubt or disagreement the application is put to the full panel at the next available hearing for resolution.

Portfolio applications:

In addition to the above requirements, portfolios are taken to the next available full panel meeting or portfolio meeting for scrutiny and decision., or Portfolio applications may take up to 6 months to process due to the panel meeting requirement, additional evidence required by the panel after scrutiny.

All documents contained in a portfolio must be anonymised, this includes not only all patient identifiable information, but ward names, colleagues' names, relatives' names, hospital, court, prison, police station names, day center, nursing homes, names etc.

- Portfolios are pre-scrutinised by the Head of Business prior to submission at the full panel to ensure they are of the acceptable standard required by the panel, if they are not of an acceptable standard the Head of Business will inform you in writing what is lacking and what is required, this may result in your portfolio not being reviewed at the next meeting.

**England South Approvals Panel
Review of Panel Decisions / Appeals Process**

The appeals process is only open to applicants who are eligible to apply under the Instructions for s12(2) and / or AC approval. As directed by the Department of Health the Panel must notify applicants in writing (including reasons) of decisions made by the Panel:

- not to approve a person after consideration of the person's application; or
- to impose or vary a discretionary condition to which an approval is subject ¹

Appeals Process

Appeals against decisions made by the Panel should be submitted in writing to the Chair of the Panel within **14 days** of the date of the Panel's decision letter and request a review of specified decisions. Such correspondence should be addressed to:

Dr Hasanen Al-Taiar, Panel Chair
England South Approvals Panel
Room 2/3 Station Hill House
Station Hill Chippenham
Wiltshire
SN15 1EQ

The applicant seeking an appeal may provide any written representations or information that the person wishes the Panel to consider.

Within **21 days** of receiving the request, the Panel must review the decision according to its internal review process. An Appeals Panel will be convened, which will include either the Panel Chair or a Vice Chair and at least two other members of the England South Approvals Panel. To ensure objectivity this Appeals Panel will not include any members who have previously considered the application.

The resulting outcome of this internal review is referred to as "the review decision". The Panel will then notify the person in writing (including reasons) of its review decision within **7 days** of this Appeal Panel review.

If the applicant is not satisfied with the review decision the Panel must inform the Secretary of State's representative and give the applicant a further **7 days** to make any final representations.

The Secretary of State's representative will arrange for the Chair or a nominated Vice Chair from each of the English Approval Panels to discuss the review request and any additional representation from the applicant within **1 month** of the date set for the final representation to be received. The decision from this process will be known as 'the national decision' and will end the applicant's appeal process.

¹ A discretionary condition is a condition imposed by the Panel to which an approval is subject. The Panel uses its discretion to impose conditions in circumstances it considered reasonable and necessary in the facts of an individual's case. This is distinct from the mandatory conditions that Panels are required to impose on approvals because of Instructions issued by the Secretary of State under the MHA.