

**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"/> | Thurs | <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

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

10. APPROVED CLINICIAN TRAINING

| | | |
|---|------------------------------|-----------------------------|
| Initial Approval - Have you attended an 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 a course which is yet to take place? If so, please give the 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 the CPD scheme, please confirm that you have completed a minimum of 50 hours of 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), e.g. 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 that will be sent to your referees.

One of the referees must be your current or most recent Medical Director or Clinical Director or equivalent (for Non-Medical Applicants), 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 (Medical Applicants)
- Medical or Clinical Director or equivalent (Non-Medical Applicants)
- **(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: | |
|-------------------|--|--------------|--|

I have emailed a photograph

To be returned to:

| | |
|---|--|
| Heather Waltham Heather.waltham@winterhead.co.uk | If you have any queries prior to sending the application form please call: Heather Waltham: 07725744357 |
|---|--|

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.

Continuing Professional Development (CPD) Form

Practitioners must provide CPD evidence in order to gain either initial or renewal approval for Approved Clinician purposes to meet the standards set out in the Instructions from the Secretary of State for these functions.

In order for England South Approvals Panel to accept CPD sign-off, the content of this form must meet the minimum standards set out below.

It is the practitioner's responsibility to:

- participate in CPD and provide the appropriate evidence
- demonstrate that the practitioners CPD activities are a mixture of learning activities relevant to current or future practice
- seek to ensure that their CPD has contributed to the quality of their practice and service delivery;
- seek to ensure that their CPD benefits the service user

England South Approvals Panel ask applicants who do not have a certificate CPD issued by their professional body to use this form which must be signed off by at least two members of your peer group.

Peer Group CPD Activity Log

**Only to be completed if you are submitting Peer Group CPD sign off.
This is not required if you are submitting a RCPsych certificate of CPD.**

| | | |
|---|-----------------|--------------|
| Full Name | | |
| Professional Registration Number | | |
| Date From | | |
| Date To | | |
| Date | Activity | Hours |
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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, ethnicity and staff group.

The panel receives managerial support from Heather Waltham, MHA Approvals Manager and she is 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 (except portfolio applications), additional required documentation and photo should be submitted to the Approvals Team by email. Please send paperwork to office@winterhead.co.uk

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 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 6 months to process due to the panel meeting requirement, and any 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 Approvals Manager 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 Approvals Manager 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
Winterhead

Via Heather Waltham – Heather.waltham@winterhead.co.uk

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

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.

CHECKLIST WHEN CONSIDERING APPLYING FOR APPROVED CLINICIAN STATUS

| | | |
|----|--|--|
| 1 | I am eligible to apply for AC status and comply with the requirements set out in the statutory Instructions for the Exercise of Approval Functions (2014), especially Schedule 1 Part 2 and Schedule 2. | |
| 2 | I have an understanding of the role of the AC and RC. | |
| 3 | I have carefully considered why I am thinking of applying to become an AC. | |
| 4 | I am a senior clinician who is sufficiently experienced to capably, and with authority, exercise the autonomous decision-making required of an AC. | |
| 5 | I have discussed this with my employer (line manager and appropriate Clinical Director) and a practicing AC. I have ascertained that they believe that I have the competencies required to successfully apply to become an AC. | |
| 6 | In doing so, I have considered whether I need to acquire additional skills, knowledge and experience through continuing professional development (CPD) and by undertaking further appropriate training before I will be eligible to apply for AC status. | |
| 7 | I have consulted my employer's policies, procedures and selection criteria for approval as an AC (if available). | |
| 8 | I have organisational support from my line manager and we have a plan for my envisaged deployment as an AC/RC. | |
| 9 | I have also ensured that my application for approval and these plans have the support of my Medical or other relevant Clinical Director. | |
| 10 | I have identified at least one mentor who is an AC and who is prepared to support me in my preparation. | |

DECLARATION

I do declare that I will agree to comply with conditions of approval required by regulation 6(1) of the AC directions, that is:

- Notifications if requirement of approval is 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.

| Name | Designation | Base |
|------|-------------|------|
| | | |