Winterhead
Delivering Excellence

Acknowledgement

This document is based upon the guidance developed by Allison Mosley Approvals Panel Manager for the North of England. She has very kindly given her permission for the contents to be adapted to suit the England South Approvals Panel.

ENGLAND SOUTH APPROVALS PANEL – EXPLANATORY NOTES AND GUIDANCE FOR AC PORTFOLIO APPLICANTS
RELATED GUIDANCE FOR AC PORTFOLIO COMPLETION

Your AC Portfolio which must be practice based evidence and should be clearly presented in ordered sections that is either emailed (can be zipped for size reduction) or via OneDrive file share, but must be numbered in accordance with ESAP "Portfolio Contents List below". Relevant guidance as to the content of Section A – E is provided in the explanatory index template below.

The contents of your -portfolio **must be** your own genuine work and not a copy of reports produced by anyone else. All submitted examples of practiced based clinical work (e.g. assessment reports, examples of completed clinical documentation, 360 appraisal feedback and testimonials) must be relatively contemporaneous and should have been undertaken within two years of the portfolio submission. You must also ensure that your evidence is supported and signed off by AC / RC mentor(s) you have shadowed and / or supervisor who have undertaken observational shadowing of your preparatory RC work. You are expected to have at at least seven years experience in psychiatry, with at least 4 years in a senior position.

The Relevance of Reflective practice within the AC Portfolio

The purpose of the AC Portfolio is to enable applicants to submit evidence that demonstrates the 8 AC competencies as specified in the Secretary of States Instructions. For further information, you should refer to DH AC Instructions 2015, or New Roles Guidance 2008 NIMHE.

1. The role of the Approved Clinician and Responsible Clinician
2. Legal and Policy Framework
3. Assessment
4. Treatment
5. Care Planning
6. Leadership and multi-disciplinary team working
7. Equality and Cultural Diversity
8. Communication

Reflective practice is a key component of the AC portfolio and should illustrate an applicant's: underpinning skill base; knowledge of legislation; and their application of the AC / RC role.

To effectively demonstrate such evidence the DH recommends that applicants make reference to their own profession's guidance on reflective practice.

Compliance with current Data Protection legislation

The Panel expects that all approval applications are appropriately redacted to ensure Data Protection compliance and regulatory governance. Included case materials and associated patient identifiable information must be suitably anonymised. Names, addresses and other unique identifying data such as NHS numbers or dates of birth of patients, or identifiable data related to familiar others e.g. family, carers or acquaintances etc. Trust Logos, Hospital Names, Police Station Names, colleagues' names should be removed or effectively obscured.

Personal identifiable information that has been covered by means of marker pen or Tippex / correction fluid or tape should be photocopied to provide full anonymity of obscured data.

AC Portfolios that breach confidentiality will not be submitted to the Panel, while significant breaches will be brought to the attention of an applicant's Medical Director / employing organisation.

SECTION A – Index headings and content guidance

A1	**AC APPLICATION FORM** Must include 2 identified referees who meet the AC Instructions 2015 requirements. One referee must be a MD/CD/CMO or equivalent
A2	**CURRICULUM VITAE** A full and detailed CV including dates, and responsibilities of appointments, including details of managing a complex case load.
A3	**CPD** Meeting professional requirements e.g. Royal College of Psychiatrists Certificate of Good Standing or Peer Group CPD form, CPD Log
A4	**DECLARATION FROM MEDICAL DIRECTOR** – (form inc. in AC application pack) Include a completed declaration from your Medical Director or a person of equivalent status, which is signed off on behalf of the organisation and indicates support of your AC application.
A5	**COMPLETETED PORTFOLIO CHECKLIST** – (form inc. in AC application pack)
A6	**PROFESSIONAL QUALIFICATION AND PROFESSIONAL REGISTRATION**
A7	**PERSONALISED STATEMENT** Within this statement you should reflect on how you have prepared for AC status. You should include any periods of shadowing and the name(s) of the Responsible Clinician(s) you have shadowed.

	"Shadowing" – this includes a sequence of observing, participating in, and being observed to have demonstrated capability for the relevant AC competencies and for executing any requisite RC decisions. Medics should also reference and include periods of on call work and the nature of work undertaken.
A8	**JOB DESCRIPTION AND JOB PLAN** Applicants currently employed in a role in which they will **be unable** to utilise their future AC approval to operate as a RC should also include a planned / envisaged RC deployment plan.
A9	**RELEVANT TRAINING EVIDENCE** (current course certificates): - AC Induction - Information Governance - Equality and Diversity (at Leadership Level) - Professional Practice in Mental Health Law Postgraduate Certificate, relevant to those applicants who have attended this optional AC preparation course - Portfolio Workshop - Optional - Any other relevant training courses to the Role of the AC/RC
A10	**Declaration** (found in your application pack)

SECTION B – Index headings and content guidance

B1	**360 DEGREE APPRAISAL AND REFLECTION** The reflection should consider the outcome of the 360 Appraisal and how such skills will be transferable to your future AC / RC role. Feedback should also be collated from patients and / or carers with whom you have worked.
B2	**COMPETENCY TESTIMONY / TESTIMONIES** This form is included in the AC application pack and must be completed by the ACs / RCs you have shadowed and / or who have shadowed your preparatory RC work. Included testimony should confirm that an applicant has demonstrated sound decision making and assessment skills across a range of AC / RC specific functions / tasks. All areas of competency must be commented upon, and clearly demonstrate that all the required AC competencies have been met. As noted on the Competency Testimonial form (and in keeping with general AC reference requirements) only AC / RCs who have had a professional working relationship with an applicant of at least a period of three months should complete these testimonials. The three month minimum period is required to ensure that testifying / signing off mentor(s) have a minimum level of acquaintance with an applicant's practice skills and applied knowledge.

SECTION C – Index headings and content guidance

Across the portfolio applicants must include clear evidence that demonstrates their ability to make all the key decisions reserved to the RC on more than one occasion. Within part C submitted examples of anonymised statutory forms and reports and reflective case commentary should be countersigned by ACs / RCs mentors you have shadowed and / or who have shadowed your preparatory RC work. Your included reflections should demonstrate knowledge of associated legislation and illustrate your application of such powers.

Include examples of RC statutory or local forms should be completed by the applicant as if they were the authorising RC. The purpose of such included examples is to illustrate an applicant's knowledge of the requisite legal forms and to demonstrate that they can appropriately complete and authorise legal documentation. Included examples should be suitably anonymised and comprehensively completed to the stage of Hospital Manager acceptance. The parts of the forms requiring the written contribution of consultees / AMHPs should be notionally completed to demonstrate an applicant's recognition at to when a legal form is suitably completed.

C1	**TWO STATUTORY REPORTS I.E. FIRST TIER MENTAL HEALTH TRIBUNAL REPORT / HOSPITAL MANAGERS HEARING REPORT** Included statutory reports should be succinct and anonymised. These may be hypothetical (i.e. prepared solely for the purposes of the AC portfolio application), but must be based on actual personal contact and knowledge of patient(s) you have worked with. There is an expectation that both Tribunal and Managers' Hearing reports will adhere to the outlined RC report structures detailed within the current '*First-Tier Tribunal Practice Direction*.' Any deviation within the statutory reports' content should be noted and explained in accompanied reflections. To supplement C1 Tribunal Report evidence the Panel welcomes the inclusion of associated First-Tier Tribunal summary decision report. These must be countersigned by your Mentor.
C2	**TWO ANONYMISED PRACTICE REFLECTIVE CASE COMMENTARIES** The two reflective case commentaries must accompany your statutory reports and be appended to said report. They should illustrate RC competence to enable you to be approved as an AC. As such your reflective commentaries should focus upon the rationale / formulation of specific RC decisions you were actively engaged with. The case commentaries should be relevant to your statutory report, concise and practice critically reflective in style. They should show a clear understanding of where the role of the RC comes into force and the higher challenges often faced by the RC. They should focus on a patient's period of detention (subject to compulsory powers), and outline the key clinical decisions and actions that you made and lead on as a preparing RC under the shadowing observation of a RC

	mentor. These reflections should also include reference to MDT work and related leadership, while your use and awareness of NICE Guidance and the MHA Code of Practice etc. should also be referenced. When preparing to write the reflective case commentaries (and in so doing reviewing a detained patient's journey) you should consider the potential range of RC interventions that did or could arise. The reflections should illustrate your breadth of knowledge and applied skills as a future RC. **These must be countersigned by your Mentor**.
C3	**SECTION 17 LEAVE FORM AND REFLECTION**
C4	**CONSENT TO TREATMENT AND REFLECTION** For prescribers an example of a completed T2 or CTO12 form should be included, while the accompanying reflection should demonstrate how you ascertained the patient's consent to accept the outlined treatment. Non-prescribers should only include an explanatory applied reflection.
C5	**RENEWAL OF DETENTION (SECTION 20) STATUTORY FORM AND REFLECTION**
C6	**DISCHARGE FROM DETENTION FORM AND REFLECTION**
C7	**COMMUNITY TREATMENT ORDER STATUTORY FORMS AND REFLECTIONS** Included evidence should be of a sufficient breadth to demonstrate an overall understanding of CTO processes, of underpinning legislation and associated best practice as outlined in the MHA Code of Practice. Examples of CTO statutory applications must include the following functions: initial CTO application (or renewal), recall and revocation.
	ALL STATUTORY FORMS AND REFLECTIONS MUST BE COUNTERSIGNED BY YOUR MENTOR
C8	**ROLE OF THE AC/RC** Include a reflective paper on the role of the AC/RC which should reflect the key decisions reserved to the AC/RC and respective professional guidance which demonstrates your understanding of this important aspect of practice in the AC/RC role. This must be countersigned by your Mentor.

SECTION D – Index headings and content guidance

D1	**CARE PLANS. MDT WORKING AND LEADERSHIP** Include anonymised examples of clinical documentation that illustrates your level of MDT work, role in care planning and associated MDT leadership, accompanied by an explanatory reflection.
D2	**RISK ASSESSMENT AND RISK MANAGEMENT TOOLS** Include anonymised examples of clinical documentation that illustrates your use of risk assessment and risk management tools, accompanied by an explanatory reflection.
D3	**SOAD REFERRAL AND STATUTORY FORM AND REFLECTION** Prescribers should include an example of a completed SOAD referral with accompanying reflection. Non-prescribers should only include an explanatory applied reflection. You must include a short paper on the role of the SOAD.

D4	**MENTAL CAPACITY ASSESSMENT** Include an example of a completed MCA assessment form, and a related reflection outlying the underpinning legislative structure, stages and outcome of the included assessment.
D5	**UNDERSTANDING OF AMHP ROLE AND REFLECTION** You must spend a minimum of a ½ day with an AMHP learning the wider role of the AMHP. Doctors this does not just mean undertaking a s12 assessment. You must submit a reflection on the time spent with the AMHP and confirmation from the AMHP of the discussion had.

SECTION E

E	**ADDITIONAL SUPPORTING EVIDENCE** - (optional) Within this section you can include any other information you believe illustrates AC / RC competence and is relevant and supportive of your AC application. For example complex MHA assessments, court reports, reflective case logs, or knowledge of evidence based practice relevant to specific patient groups. If you include any additional reports they must be accompanied by reflections.

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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**