

ENGLAND SOUTH APPROVALS PANEL

APPLICATION FOR APPROVAL UNDER SECTION 12(2) OF THE MENTAL HEALTH ACT 1983 (AS AMENDED 2007)

INITIAL ☐ RENEWAL ☐

PLEASE COMPLETE FORM IN FULL AND WITHOUT ERROR

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: Required | |

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: Required: | |

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. SECTION 12(2) 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"/> |
| Applicants should refer to the Instructions in relation to Section 12 Doctors 2015 and review the Schedule of Professional Requirements on page 7 and indicate which criteria they are applying under. | | |
| INITIAL APPLICATIONS: I wish to apply under criteria 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> | | |
| RENEWAL APPLICATIONS: <input type="checkbox"/> (go to section 8) | | |

For doctors applying under criteria 3.3, 3.4 and 3.5 for **initial** applications, please confirm the name(s) of the Medical AC / Section 12(2) doctor(s) who will supervise two MHA Assessments. They will need to give assurance that these MHA assessments were satisfactory and competency was demonstrated.

Name(s) of Section 12(2) doctors(s) supervising MHA Assessments. Please note the assessments must be supervised by *“a person who was approved at that time to act as a Section 12(2) doctor and a member of the Royal College of Psychiatrists **and/or** on the Specialist Register as a specialist in psychiatry.”*

| | |
|-------------------------------------|--------------------------------------|
| First Assessment Supervisor's Name: | Second Assessment Supervisor's Name: |
| | |

| | | |
|---|------------------------------|-----------------------------|
| I enclose two completed Supervised Assessment forms | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

8. RENEWAL

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

For doctors applying for renewal, the Panel must be satisfied that the applicant has provided satisfactory evidence of ongoing involvement in the diagnosis or treatment of mental disorder, by undertaking at least one or more of the following activities in the 12 -month period preceding the date of the application:

| | | |
|--|------------------------------|-----------------------------|
| Acting as a medical member of the Health, Education and Social Care Chamber of the First-tier Tribunal or the Mental Health Review Tribunal for Wales | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Assessments as a SOAD for the Care Quality Commission or the Healthcare Inspectorate Wales | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Giving evidence to, or preparing reports or assessments for, a court for the purposes of: i) Part 3 of the 1983 Act (patients concerned in criminal proceedings or under sentence); ii) (e) The Mental Capacity Act 2005; or iii) (f) The Children Act 1989 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| At least two assessments under the 1983 Act | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Being employed in a clinical post and having a level of responsibility for the diagnosis or treatment of mental disorder which the approving body considers to be substantial. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

9. PROFESSIONAL HISTORY

| | | |
|--|------------------------------|-----------------------------|
| 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"/> |

10. PROFESSIONAL QUALIFICATIONS

| | | |
|---|------------------------------|-----------------------------|
| Qualification | Date Attained | |
| | | |
| | | |
| | | |
| Have you applied to sit the CASC exam? If yes, please state month undertaking examination | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you hold full Membership with the Royal College of Psychiatrists? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you hold Fellowship with the Royal College of Psychiatrists? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Royal College of Psychiatrists Membership Number | | |

11. SECTION 12(2) TRAINING

| | | | |
|---|--|------------------------------|-----------------------------|
| Initial Approval - Have you attended an approved Section 12(2) Induction course ratified by an Approvals Panel within the 12-month period immediately preceding the date of this application? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Re-approval - Have you attended an approved Section 12(2) Refresher course ratified by an Approvals Panel within the 12-month 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)

12. 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, 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"/> |
| Training grade doctors please provide evidence of ARCP/RITA form | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| GPs – please indicate if you are included on the GP performers list | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| For GPs who are currently not on the performers list and who have previously been approved to act as a Section 12 doctor, include evidence of participation in an annual appraisal process which is satisfactory to the GMC | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| FMEs - please provide evidence of participation in an annual appraisal process and evidence of completing continuing professional development appropriate for the role of a Section 12(2) approved doctor. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

13. 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) you will be required to provide a DBS certificate which is clearly dated. | | |
| Certificate required? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

14. CURRICULUM VITAE

| | |
|--|------------------------------|
| 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"/> |
|--|------------------------------|

15. 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 a Consultant Psychiatrist who is a Section 12(2) doctor, and the other referee must be either: a Consultant Psychiatrist who is a Section 12(2) doctor; your current professional appraiser; an Approved Mental Health Professional with whom you have worked for a minimum of 3 months in the twelve months preceding the date of the application; or your current Medical Director or Clinical Director or equivalent.

Referee 1

- A Consultant Psychiatrist who is a Section 12(2) doctor ☐

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

Referee 2

- An Approved Clinician ☐
- A Consultant Psychiatrist who is a Section 12(2) doctor ☐
- Current professional appraiser ☐
- An Approved Mental Health Professional with whom the Section 12(2) applicant has worked for a minimum of 3 months in the twelve months preceding the date of the application ☐
- Current Medical Director or Clinical Director or equivalent ☐

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

16. APPLICANTS DECLARATION

I understand that if Section 12(2) 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 understand that Section 12 (2) Approval does not allow me to undertake any Approved Clinician/Responsible Clinician Powers ☐

If you wish to undertake Approved Clinician/Responsible Clinician Powers, please contact the Approvals Office.

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 by email to:

| | |
|--|--|
| Email office@winterhead.co.uk or heather.waltham@winterhead.co.uk | If you have any queries prior to sending the application form, please call: Heather Waltham: Monday-Friday – 9:00am – 5:00pm – 07725744357 <u>Nerissa Millett: Monday-Wednesday – 9:00am – 5:00pm – 07647125567</u> <u>Sam Bolton: Thursday-Friday – 12:00pm – 5:00pm - 07467125487</u> Or email office@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"/> |
| S12 Course Certificate (Introductory/Refresher whichever relevant), or course booking confirmation | Yes <input type="checkbox"/> To follow <input type="checkbox"/> |
| CPD Certificate or equivalent (eg ARCP Outcome Form for CT3 and STs, or CPD Activity Log if not RC CPD Registered) | Yes <input type="checkbox"/> To follow <input type="checkbox"/> |
| Enhanced DBS If working as an Independent Clinician | Yes <input type="checkbox"/> To follow <input type="checkbox"/> |
| Passport Size Photograph – Head and Shoulders only | Yes <input type="checkbox"/> To follow <input type="checkbox"/> |
| CV | Yes <input type="checkbox"/> To follow <input type="checkbox"/> |
| Evidence of having completed MHA Assessments (if applicable) a) Initial application (Please refer to Part 7) b) Renewal (Please refer to Part 8) | Yes <input type="checkbox"/> To follow <input type="checkbox"/> N/A <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.

England South Approvals Panel
Peer Group Continuing Professional Development (CPD) Form
for practitioners who do not have a current RCPsych CPD certificate.

Practitioners must provide CPD evidence in order to gain either initial or renewal approval for Section 12(2) and/or Approved Clinician purposes, to meet the standards set out in Secretary of State's Instructions.

Some practitioners choose not to be registered with their professional body for CPD. However, they must actively participate in some recognised CPD programme. In order for England South Approvals Panel to accept peer group CPD sign-off, the content of this form must meet the minimum standards set by the Royal College of Psychiatrists:

- It is the practitioner's responsibility to participate in CPD and provide the peer group with the appropriate evidence.
- They must participate in at least 50 hours CPD in the previous year.
- Activities must be signed off (in ink) and dated by at least two peer group members.
- It is the peer group's responsibility to scrutinise the evidence confirming it meets the Royal College of Psychiatrists standards.

Peer Group SIGN OFF CPD Activity Log – PLEASE DO NOT COMPLETE IF YOU HAVE A RCPsych CPD Certificate or if GP appraisal

| | |
|---|--|
| Full Name | |
| Professional Registration Number | |
| Date From | |
| Date To | |

| Date | Activity | Hours |
|------|----------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|------------------------------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Hours of CPD Activity | | |

Peer Group Members

| Name | Professional Registration Number |
|-------------|---|
| | |
| | |
| | |
| | |
| | |
| | |

Peer Group Members Declaration

I confirm that the practitioner has accumulated the specified hours of CPD activities in the period stated and that this is sufficient evidence of CPD as per the Royal College of Psychiatrists or relevant professional body standards.

This declaration should be ink signed only.

| Name | Signature | Date |
|-------------|------------------|-------------|
| | | |

| Name | Signature | Date |
|-------------|------------------|-------------|
| | | |

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 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, additional required documentation and photo should be submitted to the Approvals Team by email. Please send paperwork to office@winterhead.co.uk

Contact:

Heather Waltham – 07725744357

Nerissa Millett – 07467125567

Sam Bolton – 07467125487

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.

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

Email: hilary.eagles@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.