



ENGLAND SOUTH APPROVALS PANEL

GUIDANCE FOR SUPERVISED ASSESSMENTS

Doctors applying for inclusion on the national MHA database as Section 12(2) doctors under criteria 3.3, 3.4, 3.5 or 3.6 of the Secretary of State's Instructions 2015 are required to undertake supervised assessments.

The aspiring Section 12(2) doctor will be referred to in the guidance as "the candidate" and the supervising Medical AC/Section 12(2) doctor will be referred to as "the supervisor".

1. A supervised assessment must involve the candidate undertaking a Mental Health Act assessment under the direct supervision of a supervisor who is a person who was approved at that time to act as a Section 12(2) doctor and who is also a full member of the Royal College of Psychiatrists, **and/or** on the GMC Specialist Register as a specialist in psychiatry. **Please note the candidate cannot function as the second recommending doctor, the medical recommendation must be signed by the supervisor.**
2. Candidates are expected to be actively involved in and lead the process. The supervisor's role is to observe the candidate in action in both the assessment of the service user and the necessary discussion with colleagues and the AMHP, and with representatives of other agencies.
3. The supervisor is expected to critically appraise the candidate's aptitude in respect of carrying out Section 12(2) work with particular reference to their understanding of and ability to explain Mental Health Act principles to service users, professional colleagues and representatives of other agencies, and to complete the supervised assessment form overleaf.
4. Each assessment must be completed within the 12 month period immediately preceding the date of the application in order to count as a supervised assessment. This process is complete when a decision is made in respect of the suitability or otherwise of the individual for detention under the Mental Health Act. Service user identifiable information must not be included on the form.

PLEASE SUBMIT TO:-

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| <p>Winterhead Ltd MHA Approvals Office Room 2/3 Station Hill House Station Hill, Chippenham Wiltshire, SN15 1EQ</p> <p>Tel: 01249 443931 www.winterhead.co.uk</p> | <p>For enquires please telephone 01249 443931 www.winterhead.co.uk</p> <p>Please return via one format, preferred format is email.</p> |
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SECTION 12(2) MENTAL HEALTH ACT 1983 SUPERVISED ASSESSMENT FORM

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| Name of supervising Medical Approved Clinician / Section 12(2) doctor: | | |
| Name of Section 12(2) candidate: | | |
| Date of assessment: | | |
| Place of assessment: | Home <input type="checkbox"/> | Hospital <input type="checkbox"/> |
| | Police Station <input type="checkbox"/> | Care Home <input type="checkbox"/> |
| Other (please specify) | | |
| Time assessment commenced: | | |
| Time assessment completed: | | |
| Section assessed for: 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 37 <input type="checkbox"/> Other <input type="checkbox"/> | | |
| Outcome: | Detention Recommended <input type="checkbox"/> | Not Recommended <input type="checkbox"/> |
| Designation of second doctor: | Own GP | <input type="checkbox"/> |
| | Second Section 12(2) doctor | <input type="checkbox"/> |
| | Police Surgeon (not Section 12(2) approved) | <input type="checkbox"/> |
| | Other (please specify) | <input type="checkbox"/> |
| Applicant considering detention: | AMHP | <input type="checkbox"/> |
| | Nearest relative (please specify) | <input type="checkbox"/> |

Did the candidate conduct a personal examination of the service user and their mental state and did they consider all available relevant clinical information, including that in the possession of others, professional or non-professional? Please comment and give details.

Was the candidate able to give a clinical account (including description of symptoms and behaviour), as to whether the service user was suffering from a mental disorder of a nature or degree which warranted detention in hospital in order to receive assessment / treatment? Please comment and give details.

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| <p>Did the candidate give due consideration to whether other methods of care/treatment were available and, if not, why informal admission would not be appropriate? Please comment and give details.</p> |
| <p>Was the candidate able to communicate with the service user and all other individuals involved in the assessment process effectively and reliably to prevent potential misunderstandings?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Any comments about the case:</p> |
| <p>Supervising doctor's comments on the Section 12(2) candidate's understanding of the process, and their ability to carry this out competently.</p> |

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| Signature of supervising doctor: | |
| GMC Number: | |
| Declaration from supervising doctor: | |
| I am a Medical AC / Section 12(2) doctor | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I am a full member of the Royal College of Psychiatrists | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I am on the GMC Specialist Register | Yes <input type="checkbox"/> No <input type="checkbox"/> |