



## 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 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:-

Winterhead Ltd 44/45 Market Place Chippenham Wiltshire SN15 3HU  Email: <a href="mailto:office@winterhead.co.uk">office@winterhead.co.uk</a>  Fax: 01249 472394	For enquires please telephone 01249 472393/2  Please return via one format, preferred format is email or fax:
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**SECTION 12(2) MENTAL HEALTH ACT 1983 SUPERVISED ASSESSMENT FORM**

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

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.

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.

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?

**Yes**                      **No**

Any comments about the case:

Supervising doctor's comments on the Section 12(2) candidate's understanding of the process, and their ability to carry this out competently.

Signature of supervising doctor:	
GMC Number:	

<u>Declaration from supervising doctor:</u>		
I am a Medical AC / Section 12(2) doctor	<b>Yes</b>	<b>No</b>
I am a full member of the Royal College of Psychiatrists	<b>Yes</b>	<b>No</b>
I am on the GMC Specialist Register	<b>Yes</b>	<b>No</b>