Winterhead
Delivering Excellence

Notes and guidance for AC portfolio applicants

All included anonymised examples of RC functions or other clinical practice must be **no more than 2 years old at the time of application.** As the AC application can only be supported by evidence which is contemporary of an applicant's current practice.

Submitted anonymised evidence of section C & D should be countersigned by the AC / RC mentor to testify that the mentor has had the sight of the portfolio of work and affirms that the applicant has demonstrated capability to perform these key RC functions. **Each document should be signed individually also with the name of the mentor and date signed.**

In line with the GMC and other professional bodies guidance, the Approval 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 should be removed or effectively obscured. The use of black pen to redact will not work once a document is scanned.Please use a patient identifier throughout your portfolio such as Patient A, then Patient B etc.

Within the AC portfolio, the name of the applicant should be unredacted, while Trust and Hospital Logo, and the names and professional credentials of colleagues can also be retained within the application Section A. **These should be removed within Section C & D with the exception of the mentors name for countersignature purposes.**

The guidance below sets out the documents required. These should be submitted electronically with file name as per each section / sub- section, i.e. A1 – Application Form, A2 – Professional Qualifications and Professional Registration etc.

Applications should be submitted by email to heather.waltham@winterhead.co.uk each section can be submitted by separate email if required, with file names adhering to the format above.

The contents of your portfolio **must be** your own genuine work. Do not use reports produced for anyone else. As you are not approved, your reports should be created as if you were the RC, and this should be noted in your reports and reflections. You should not use reports / form authored by the RC.

You are expected to have at least seven years' full time (or equivalent) experience in psychiatry, with at least 4 years full time (or equivalent) in a senior position. At least 12 months section 12 approval is required if you are a medical doctor.

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 refer to their own profession's guidance on reflective practice. Please see section A1b below and the template provided regarding the use of AI in compiling your portfolio.

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.
A1b	**AI DECLARATION** This must be included to state either non-use, or limited use with prior discussion.
A2	**PROFESSIONAL QUALIFICATION AND PROFESSIONAL REGISTRATION** Please include a copy of your primary qualification and your professional registration.
A3	**CURRICULUM VITAE** A full and detailed CV including dates in DD/MM/YY format, and responsibilities of appointments, including details of managing a complex case load.
A4	**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 showing the need for approval.
A5	**COMPLETED PORTFOLIO CHECKLIST** – (form inc. in AC application pack)
A6	**DECLARATION FROM MEDICAL DIRECTOR –** (form inc. in AC application pack) Include a completed declaration from your Medical Director or a person of equivalent status (for MPAC applicants), which is signed off on behalf of the organisation and indicates support of your AC application.
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	**RELEVANT TRAINING EVIDENCE** (certificates within 2 years at time of application): - **AC Induction** - **Information Governance**

	- **Equality and Diversity** - Portfolio Workshop – highly recommended - Post graduate qualification in Mental Health Law (optional) **Do not include any further certificates in this section.**

SECTION B – Index headings and content guidance

B1	**CPD** Meeting professional requirements e.g. Royal College of Psychiatrists Certificate of Good Standing **or** Peer Group CPD form (supplied in application pack) MPAC applicants should submit CPD as per their professional guidelines which is countersigned by their line manager.
B2	**360 DEGREE MULTI SOURCE FEEDBACK AND REFLECTION – completed in the last 2 years** The reflection should consider the outcome of the 360 MSF 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. Suggested minimum of 15 peers and 10 patients or carers.
B3	**COMPETENCY TESTIMONIES** This form is included in the AC application pack and must be completed by the ACs / RCs you have shadowed and 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 as to when a legal form is suitably completed. **The panel are looking for breadth and depth to show your full range of competencies.**

C1	**TWO STATUTORY REPORTS I.E. FIRST TIER MENTAL HEALTH TRIBUNAL REPORT / HOSPITAL MANAGERS HEARING REPORT AND ACCOMPANYING REFLECTIONS** 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	**SECTION 17 LEAVE FORM AND REFLECTION** A maximum of two examples with one reflection covering both examples if including two. **This must be countersigned by your Mentor.**
C3	**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. A maximum of two examples with one reflection covering both examples if including two. Non-prescribers should only include an explanatory applied reflection. **This must be countersigned by your Mentor.**
C4	**RENEWAL OF DETENTION (SECTION 20) STATUTORY FORM AND REFLECTION** A maximum of two examples with one reflection covering both examples if including two. **This must be countersigned by your Mentor.**
C5	**DISCHARGE FROM DETENTION FORM AND REFLECTION** A maximum of two examples with one reflection covering both examples if including two. **This must be countersigned by your Mentor.**
C6	**COMMUNITY TREATMENT ORDER STATUTORY FORMS AND REFLECTIONS** Should include: • CTO1 **or** CTO7 • CTO3, **and** • CTO5 A maximum of 2 examples for each of the above with one reflection for each process covering both examples if submitting two. 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.

	This must be countersigned by your Mentor.
	ALL STATUTORY FORMS AND REFLECTIONS MUST BE COUNTERSIGNED BY YOUR MENTOR (please do not paste a signature into a word document)

SECTION D – Index headings and content guidance

D1	**TWO ANONYMISED PRACTICE REFLECTIVE CASE COMMENTARIES** The two reflective case commentaries should illustrate RC competence to enable you to be approved as an AC. **These should focus on patient different to those used in C1.** 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 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**.
D2	**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. You should include a redacted copy of a co-authored care plan clearly showing the patient voice. A maximum of two examples of MDT work with one reflection covering both examples. A maximum of two examples of care plans with one reflection covering both examples. **These must be countersigned by your Mentor**.
D3	**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. This should clearly show risk formulation and management. A maximum of two examples with one reflection covering both examples. **These must be countersigned by your Mentor**.
D4	**SOAD REFERRAL STATUTORY FORM AND REFLECTION** Prescribers should include an example of a completed SOAD referral with accompanying reflection. A maximum of two examples with one reflection, plus a short paper on the role of the SOAD. Non-prescribers should only include an explanatory applied reflection. You must include a short paper on the role of the SOAD. **These must be countersigned by your Mentor**.

D5	**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. A maximum of 2 examples with one reflection covering both examples if submitting two. **These must be countersigned by your Mentor**.
D6	**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 showing your understanding of the AMHP role. Include a supporting letter from the AMHP confirming the date and time spent. This should show their name and AMHP status on a letter head, or via email with no redactions to the AMHPs identity.

SECTION E

E	**ADDITIONAL SUPPORTING EVIDENCE - (optional)** This section can include any other information which illustrates AC / RC competence and is relevant and supportive of your AC application which is not covered in the sections above. Additional course certificates should include a reflection on the training received and how it relates to the role of the AC / RC. Please do not include course slides. If you include any additional reports, they must be accompanied by reflections which are countersigned by your mentor. **A maximum of 4 documents (pieces of evidence)**

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A5 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 (2015), especially Schedule 1 Part 2 and Schedule 2.	
2	I understand 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**