

**Multi-professional Approved Clinician Training: Guidance to Trusts**

Eligible professionals who intend to seek approval as an Approved Clinician (AC), and who are then able to act as the Responsible Clinician (RC) for a caseload of detained patients, should always be senior clinicians in clinical practice. Given this, it is likely that they will already possess many of the competencies that they are required to demonstrate in the portfolio when seeking AC approval. Therefore aspirant AC’s will need more or less support depending on their level of clinical experience.

The organisational support for a non-medical AC in training, presented in the list below, is not exhaustive. It is intended simply as a guide. The points below are not in any specific order.

In order to assist with demonstrating the learning journey, it is recommended that notes of experiences are kept for potential inclusion in the AC application portfolio. In addition, it is recommended that a log is maintained of the shadowing activity that should be countersigned by the supervisor.

* The candidate should be a senior clinician who is able to demonstrate clear clinical leadership functions in their current role, supported by a current JD and CV.
* The individual must have organisational support for developing into the role – that is, by the explicit support of the Medical Director, Director of Nursing or other senior director, such as Director of Therapies.
* The aspirant AC should contact their local regional AC Approval Panel at the start of their journey to seek AC approval. The Panel administrator can provide the candidate with the requirements for gaining approval which will be invaluable in ensuring the candidate has the range of information needed to guide them in developing their portfolio.
* A further helpful source of useful information is the BPS document that was written to guide psychologists in making application to the BPS Peer Review Panel for comment ahead of submitting their portfolio to an Approval Panel. This can be found on the website at the following link:

<https://www.bps.org.uk/news-and-policy/guidance-registered-psychologists-making-applications-bps-approved-clinician>

* It is preferable to have a clear deployment plan for when taking up the role once approved. Although it is recognised that deployment plans can change, in essence an agreed deployment plan signals the support of the organisation for the development of the candidate into the AC/RC role.
* It is important that there is a clear understanding that once approved the AC will be responsible for a caseload of patients for whom they will be the RC. This might mean, for example, being the clinical lead for an inpatient ward.
* The current job plan of the candidate should have an agreed period of time set aside for supporting their development into the AC role. That is, a clear job plan time needs to be allocated.
* It is preferable for a candidate to take on the AC training and development of the competencies within their existing role/post. Where this is not possible, specific job plan changes might be needed in the candidate’s role to allow the time and support for their development, including perhaps clinical work in another workplace setting within the organisation. For example, it might be necessary for a community based candidate to spend development time on an inpatient ward to gain sufficient exposure to the workings of the Act in an acute setting.
* Mentoring or shadowing within the workplace is an essential aspect of AC development and one of the most important parts of the training. A candidate should have an identified mentor who might typically, given the weight of numbers, be a consultant psychiatrist. To ensure this mentoring relationship is as supportive as it can be, it is important for this to be formally acknowledged by the Medical Director. This is probably best and most simply done in the context of the existing clinical roles of the mentor and mentee. The candidate should observe the mentor in their role as an RC, including observing the mentor completing the range of statutory functions under the Act and the associated documentation.
* As part of the mentoring/clinical supervision relationship, it is essential that the AC in training have the opportunity to also act “as though they are an RC” (with the existing RC retaining clinical and legal responsibility). That is, the AC in training should have the opportunity to complete s17 leave forms, renew a section and complete the H5 form, and give the RC evidence at a Tribunal, amongst other functions, while under the supervision of actual RC. This would also include writing statutory reports such as the RC Report for Managers Hearings and Tribunals.
* AC’s in training should, as part of the demonstration of their leadership skills, be leading on the care of patients, including chairing CPA meetings. In essence, AC candidates need to be supported to “act as though they are the RC” in all respects while under supervision of the legally appointed RC.
* The candidate should be part of a peer learning set which meets preferably face-to-face for at least 1 hour (ideally 90 minutes) every month to discuss their progress/debate issues of shared interest in relation to developing into the AC role. In some cases, if there are low numbers of people in training within one organisation, it might be necessary to establish a learning set with candidates from other organisations.
* While candidates are not required to attend any formal academic training as part of their training to seek AC approval, the support offered by a structured program of CPD relating specifically to the MHA and the functions of the RC can be beneficial. The funding for this CPD will need to be identified and supported by the organisation.
* While it is not a requirement to seek “pre-approval scrutiny” of the candidate’s portfolio in order to gain AC approval, it is very helpful to have an independent peer review of the portfolio (and potentially some formative advice) by senior members of the respective profession ahead of making the submission of the portfolio for approval. This is a function that is provided by the British Psychological Society for all of the eligible non-medical professions with the support of senior colleagues from the range of non-medical professions who are AC’s.
* As part of the process of seeking AC approval, candidates are required to attend an “AC Initial Training”. This is a 2-day course required by AC approval panels. Each regional approval panel has a list of approved training providers. The assumption is that people undertaking the “AC Initial Training” course will have already developed the required knowledge and skills for the role (psychiatrists having developed this almost exclusively through “on the job training”). The 2-day AC Initial Training is intended to be the final "cement" in assuring the understanding of the role and functions of the RC.

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