

MULTI-PROFESSIONAL APPROVED CLINICIAN (AC) POLICY

Policy that identifies the allocation, selection, training, approval and utilisation of MPACs within the Trust

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Contents	Page
Equality Statement.....	3
Definitions that apply to this policy.....	4
1.0 Purpose of the policy.....	6
2.0 Summary and scope of Policy.....	6
3.0 Introduction.....	7
4.0 Flowchart/ Process Chart.....	8
5.0 Duties within the Organisation.....	9
6.0 MPAC Selection and Training Processes	11
7.0 Supervision, Clinical Practice, Approval and Reapproval	14
8.0 Continuing Professional Development	16
9.0 Liability/indemnity	17
10.0 Training requirements	17
11.0 Monitoring Compliance and Effectiveness.....	17
12.0 Standards/Performance Indicators.....	17
13.0 References and Bibliography.....	18
Appendix 1 Training Requirements Template.....	19
Appendix 2 Summary of Supervision, Mentoring and Action Learning Sets within MPAC training	20
Appendix 3 The NHS Constitution.....	21
Appendix 4 Stakeholders and Consultation.....	22
Appendix 5 Due Regard Screening Template.....	23
Appendix 6 Data Privacy Impact Assessment Screening Template.....	24

Version Control and Summary of Changes

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2	29 th April 2022	Second draft for wider consultation
3	23 rd May 2022	Third draft in response to comments received from wider consultation

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Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination;
- LPT complies with current equality legislation;
- Due regard is given to equality in decision making and subsequent processes;
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 5) of this policy

Definitions that apply to this Policy

Approvals Panel	Responsible for approving, coordinating training and maintaining registers for ACs. Completed portfolios are submitted to this panel. On behalf of the Secretary for State, the Midlands and East of England Approvals Panel is the regional panel with responsibility for Section 12 Doctors, Approved Clinicians and Mental Health Assessors.
Approved Clinician (AC)	An Approved Clinician or AC is a person approved by the Secretary of State for Justice for the purposes of the MHA. ACs not acting as RCs have some other responsibilities under the Act, e.g. holding powers, review of patients in seclusion. Some decisions under the Act can only be taken by Approved Clinicians. All Responsible Clinicians must be approved clinicians.
Community Treatment Order (CTO)	Arrangements under which patients can be discharged from detention in hospital under the Act, but remain subject to the Act in the community rather than in hospital. Patients on a Community Treatment Order are expected to comply with conditions set out in the community treatment order and can be recalled to hospital if treatment in hospital is necessary again.
Lead for Multi-Professional Approved Clinicians	The post holder has day to day responsibility for leadership and governance for all MPACs within LPT.
Mental Health Act Committee	The sub-group of Trust board responsible for the operation of mental health legislation within the Trust
MPAC Steering Group	The Trust governance group responsible for the oversight and monitoring of MPAC selection, training and development
Multi-Professional or Non-Medical Approved Clinician (MPAC)	<p>A registered practitioner who has successfully completed post registration training in becoming an approved clinician, and has had the approval recorded by department for health and social care and the Trust.</p> <p>The role of AC is open to professionals other than psychiatrists as follows:</p> <ul style="list-style-type: none"> • mental health and learning disability nurses • clinical psychologists • occupational therapists • social workers • medics who are not psychiatrists

Responsible
Clinician (RC)

A Responsible Clinician (RC) is the Approved Clinician (AC) who has overall responsibility in terms of the Mental Health Act for a patient's case, including those who are discharged from hospital but who remain liable to be detained (e.g. those on a Community Treatment Order). Certain decisions (such as renewing a patient's detention or placing a patient on supervised community treatment) can only be taken by the responsible clinician.

1.0 PURPOSE OF THE POLICY

The purpose of the policy is to provide specific guidance in terms of the allocation and governance of the Multi-Professional Approved Clinician (MPAC) role, to ensure clinicians with the right set of skills to address the patients' treatment needs. The policy details information about the allocation, selection, training, approval and utilisation within Leicestershire Partnership NHS Trust (LPT).

1.1 This policy supports the implementation of a strategic plan for the development of MPACs, which will result in:

- Improved patient care whilst maintaining patient safety
- Increasing diversity of appropriate Responsible Clinicians
- Full utilisation of the skills of health professionals
- The promotion of a more flexible workforce
- The promotion of enhanced career progression pathways for health care professionals, including Advanced Clinical Practitioners and Non-Medical Prescribers

1.2 This policy outlines Leicestershire Partnership NHS Trust's (LPT) governance arrangements surrounding the selection, training, approval and re-approval of MPACs. It supports the Trust's Recruitment and Selection Policy and Procedures. In doing so, all relevant legislation and national guidance will be adhered to. This is important towards ensuring that all ACs keep up to date with changes in legislation, case law and clinical practice. This helps to ensure that ACs deliver safe, sound and supportive decision making in all areas of their practice.

1.3 The policy will ensure that practitioners are safe in their practice and up to date in their knowledge.

2.0 SUMMARY AND SCOPE OF POLICY

2.1 All individuals 'subject to compulsion' under the Mental Health Act (MHA) must have an appointed Responsible Clinician (RC) who is approved as an Approved Clinician (AC). The RC has overall responsibility for the purposes of the MHA, including detention, renewal, discharge, approved leave, decision making regarding seclusion and long-term segregation, and Community Treatment Orders (CTOs). RCs are responsible for the legality of decision-making impacting on an individual's liberty and ensuring correct completion of legal paperwork.

2.2 The selection of the RC should be based upon the individual's needs and which AC has the most appropriate knowledge, skills and experience. Other ACs may contribute to part of the care pathway. For example, a detained working-age patient – with an established diagnosis and treatment plan - may have a variety of social, welfare and or psychological needs. The patient would readily benefit from having a MPAC acting as their RC. Where the MPAC is not an independent prescriber, there may need to be an AC who prescribes pharmacological interventions and helps to determine capacity related issues e.g. forms T2, T3, CTO 6, CTO11, CTO12. In other situations, a doctor will remain the most appropriate RC.

This includes patients requiring an inpatient detoxification programme, patients who have complex medical needs and/or have complex prescriptions such as clozapine.

This document applies to inpatient and community mental health services and is relevant across Leicestershire Partnership NHS Trust.

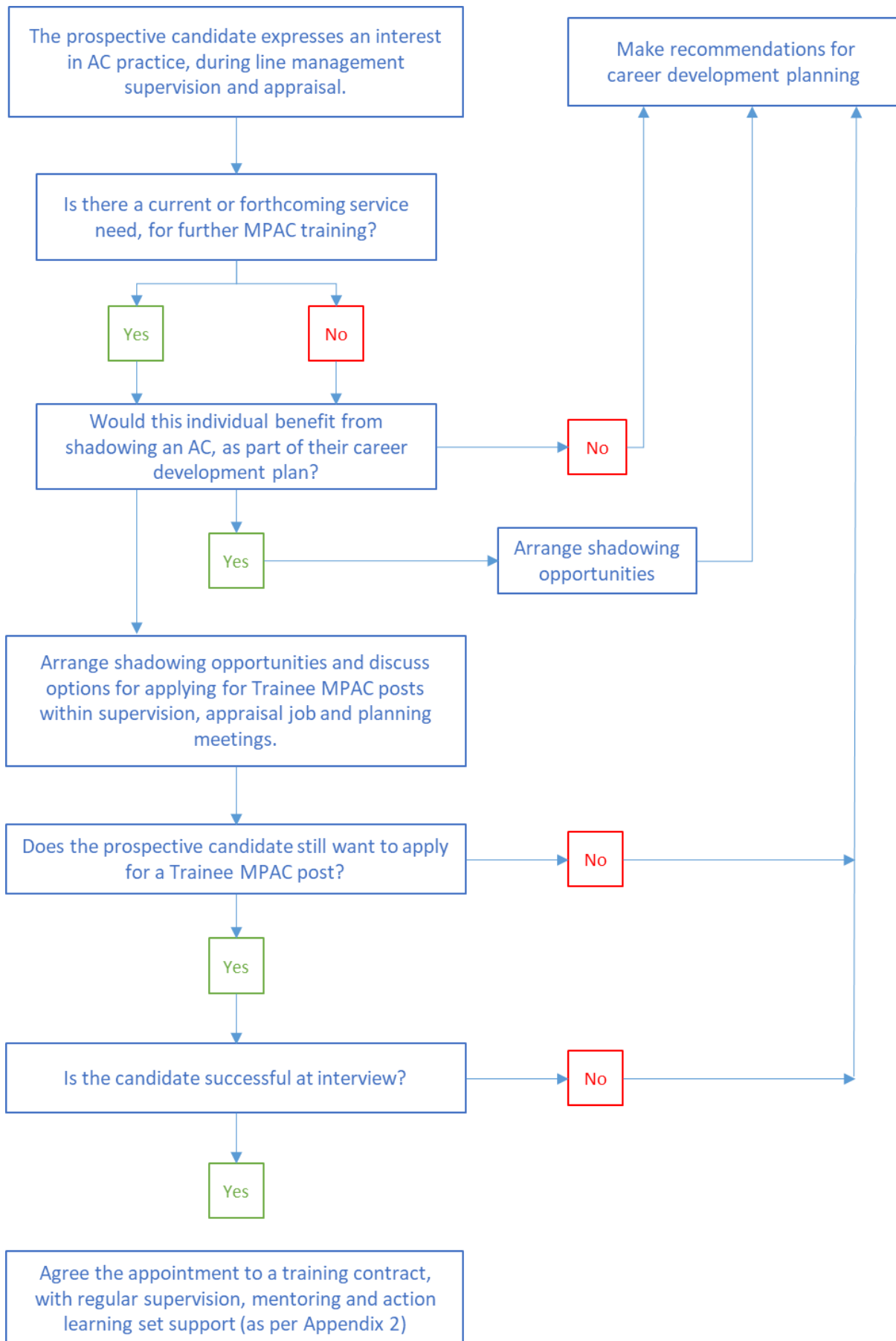
3.0 INTRODUCTION

- 3.1 An amendment to the Mental Health Act 1983, contained in the Mental Health Act 2007, makes it possible for psychologists, nurses, social workers and occupational therapists to train as ACs able to take the role of RC. This role had previously only been open to consultant psychiatrists as responsible medical officers (RMOs). Section 145 (1) of the MHA gives the definition of an Approved Clinician (AC) as: "A person approved by the appropriate national authority to act as an Approved Clinician for the purposes of the Mental Health Act 1983."
- 3.2 All patients subject to compulsion under the Act must have appointed an appropriate RC. Only a qualified AC may become the RC for a person subject to the Mental Health Act. Selection of the appropriate RC should be based on the individual needs of the patient. For example, where psychological therapies are central to the patient's treatment, it may be appropriate for a professional with particular expertise in this area to act as RC. MPACs, as RCs, can perform most of the statutory tasks which, prior to the MHA 2007 amendment, could only be performed by a medical doctor.
- 3.3 The Secretary of State holds ultimate responsibility for the approval of ACs, and has delegated this function to various 'authorising bodies' around the country. Before granting an approval, the authorising body must first be satisfied that an individual meets the requirements outlined in the Mental Health Act 1983 Approved Clinician (General) Directions 2008. For Leicestershire Partnership NHS Trust employees, applications for multi-professional approval are made to the Midlands Approvals Panel by way of the procedures detailed in this policy.

The role of AC is open to professionals other than psychiatrists as follows:

- mental health and learning disability nurses
 - clinical psychologists
 - occupational therapists
 - social workers
 - medics who are not psychiatrists
- 3.4 This document provides the Trust policy on the selection of individuals put forward for approval, their training and support while training. It also provides the Trust policy on re-approval of MPACs and the support they can expect while approved.

4.0 FLOWCHART/PROCESS CHART



5.0 DUTIES WITHIN THE ORGANISATION

- 5.1 The Executive Director of Nursing has responsibility for leading the development and governance of MPACs. On a day-to-day basis, the strategic development is devolved to the Lead for Multi-Professional Approved Clinicians.
- 5.2 The Lead for Multi-Professional Approved Clinicians is the chair for the MPAC Steering Group. The MPAC Steering Group supports and monitors the governance of the MPAC programme. The Lead will work alongside Executive Directors, Clinical Directors, Service Managers and the Heads of Professional Practice. This is important to ensure that opportunities for MPAC training and MPAC deployment occurs when appropriate. There are a number of processes which support this aim, including the supervision, appraisal, training and job planning.
- 5.3 Directors / Heads of Service and Heads of Professional Practice for clinical psychologists, nurses and Allied Health Professionals will ensure opportunities for MPACs are identified, supported and suitably deployed as and when appropriate.
- 5.4 MPACs will only carry out duties appropriate to their role and experience and must be prepared to act as RC for some patients subject to compulsion under the Act. Selection of which patients will be a matter for discussion between managers, medical doctors and the MPAC. MPACs will be expected to act as RC where their skills, knowledge and discipline are central to the patient's treatment.
- 5.5 All MPACs are individually responsible for their actions and for complying with procedures and protocols. Trusts are accountable for the decisions made by healthcare professionals about their practice and have a responsibility to ensure that treatment and care is based on nationally agreed best practice, where it exists.
- 5.6 It is essential for all MPACs to fully take into account the different backgrounds, choice, accessibility, diversity and cultural needs of service users and their carers. Their involvement must be in a language and format which they are able to understand. This may necessitate the use of professional language support.
- 5.7 It is essential that the importance of communication be emphasised, as is the necessity to involve service users, together with their family and carers, in their care. A service user should be considered a partner in their care and their agreement sought where possible.
- 5.8 Individual MPACs must understand and accept the higher level of clinical responsibility associated with the role. At all times MPACs must:
 - Adhere to and promote the highest standards of ethical conduct;
 - Ensure legal processes are followed;
 - Ensure the MHA Code of Practice to the Act is adhered to;
 - Ensure record keeping is both accurate and up to date according to local policy; and

- Critically reflect on clinical practice within supervisory and peer group arrangements

5.9 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

5.10 The Trust's Training and Education Group will review and update the policy.

Consent

- Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given verbally and/ or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.
- In the event that the patient is unable to consent, clinical staff must ensure that they apply the Mental Capacity Act principles and capacity is assessed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following;
 - o Understand information about the decision
 - o Remember that information
 - o Use the information to make the decision
 - o Communicate the decision

6.0 MULTI-PROFESSIONAL AC SELECTION AND TRAINING PROCESSES

The selection of an individual for AC training will be based on a clear identified need for the role of AC within the service and will be advertised internally (or more widely) to potential candidates.

There are no official guidelines as to the standard of previous experience expected for individuals seeking to train as a MPAC. Approval as an AC requires individuals to demonstrate a range of competencies and have a comprehensive overall understanding of the role of the AC, including the specific role of the RC, as well as the legal responsibilities, functions and limitations of the RC role.

Potential applicants will already have a strong grounding in the clinical and professional skills necessary for working within the identified environment.

The level of professional experience necessary to be considered for training will likely include;

- Significant post-qualification experience that enables them to demonstrate how they would maintain that professional identity whilst incorporating the AC responsibilities and tasks.
- Current employment within a senior clinical role and the necessary skills which accompany this role including;
 - leadership skills and a clear understanding of how collective leadership would apply to them and the team in which they work.
 - management experience
 - developing and maintaining appropriate professional relationships
 - high-level reflective skills
 - complex decision-making skills
 - evidence of continuing professional development
- Clinical experience within the area in which the AC role will be implemented

6.1 Only professionally qualified staff – clinical psychologists, mental health or learning disability nurses, social workers or occupational therapists – who are registered with their professional body and have acquired relevant experience in their discipline will be considered for training as an approved clinician. Their professional head of service must support the application.

The following qualified mental health professionals can be given consideration by LPT and, subsequently, the Department of Health and Social Care (DHSC) for initial AC approval:

- A Psychologist, registered with the Health and Care Professions Council
- A First Level Nurse, registered with the Nursing and Midwifery Council as practicing within the mental health or learning disability fields
- An Occupational Therapist, registered with the Health and Care Professions Council
- A Social Worker, registered with Social Work England

The experiential and educational requirements are as follows:

- **Specific clinical experiential requirements:** *extensive post qualifying clinical experience, within wider mental health and/or learning disabilities services.* This must also include significant post registration experience in a senior role (Agenda for Change Band 7 and above for nurses, SWs and OTs, or Band 8 for clinical psychologists).
- **Specific educational requirements:** the candidate will have a minimum of a Bachelor's degree in a relevant subject and a clinical Master's degree or evidence of study at Master's level (plus a doctorate for clinical psychologists).
- **Role specific requirements:** the candidate must be prepared to undertake a specific qualification in service areas where a specific role is required. An example of this is an advanced practitioner or an independent prescriber role (more commonly referred to as the Non-Medical Prescriber).

Evidence of specific current competency requirements, arising from the Secretary of States' Instructions:

- Have a working knowledge and the application of the MHA, MCA, DoLS, The Children Act 1989 & 2004 and related Codes of Practice (CoP).
- Demonstrate the assessment skills to identify the presence and severity of a mental disorder, including whether the scenario warrants compulsory confinement.
- Demonstrate complex decision making skills, including the assessment and management of specific risks within an evidence based framework.
- Demonstrate competent history taking and care planning skills, which takes account of the biological, psychological, cultural and social perspectives.
- Demonstrate effective leadership within a multi-disciplinary team (MDT) - including potentially assimilating diverse opinions – whilst maintaining an independent viewpoint.
- Demonstrate the ability to manage complex case scenarios, without the need to refer for supervision in each individual case.
- Demonstrate the application of equality and cultural diversity, sensitively challenging discrimination in all its forms.
- Demonstrate effective communication and collaboration with patients, carers and other MDT professionals.
- Demonstrate an ability to provide detailed - but succinct - record keeping
- Demonstrate the ability to compile statutory documentation reports.
- Present evidence to courts and tribunals, in writing and/or verbally.

Opportunities to develop consultant level practice and possible AC approval:

- Potential candidates for MPAC training will need to demonstrate the necessary skills, knowledge, experience and Trust values, which are required to work as an AC.

- In the first instance, it is recommended that potential candidates obtain shadowing opportunities in a range of services with practicing ACs. As part of their development plan – discussed in supervision/appraisal and formalised within a job plan – some limited initial mentoring will need to be identified.
- A key facet of the AC role is the ability to consistently work under pressure and exercise the highest level of autonomous decision making, with a minimal level of day-to-day supervision. In practice, all consultants understand this, with the Trust committed to supporting the development of AC practice, within peer groups.
- Ideally a candidate will already be undertaking consultant level responsibilities, within their current role. However, in some instances, the candidate's current role may not facilitate this. Accordingly, they must demonstrate an ability to work towards assuming consultant level responsibilities - with appropriate mentoring and support – when trainee MPAC posts may be offered by the Trust.
- A service need for a trainee MPAC role will need to be agreed by the directorate management team – and post-approval by the DHSC – a clearly defined MPAC role and job plan within a given service and locality.

6.2 Selection of staff to train as ACs must fit with Trust priorities for service delivery. The potential need for further trainee MPACs will be determined by Trust priorities for service delivery, within various geographical locations and specialities. This will conform to the normal recruitment requirements. In practice, the MPAC Steering Group will consult with senior managers, regarding impending operational needs and requirements. Trainee MPAC posts will be advertised on NHS Jobs. All staff must go through the Trusts recruitment process. Due to demand on supervisors/mentors time, the Trust can only support those staff who have gone through the Trust recruitment and will not support any staff who decided to pay for the course themselves outside of the process.

6.3 Although the Trust may, from time to time, ask for expressions of interest in training for the AC role, an expression of interest does not guarantee the right to train to become an AC.

6.4 The Trust will ensure an appropriate amount of time is made available, away from normal duties, for the MPAC trainee to complete their training. The amount of time required will vary depending on the circumstances of each trainee and will be negotiated and reviewed between the trainee and their line manager.

6.5 Current training requires the trainee to build an appropriate portfolio of experience and attend a two-day taught element that, primarily, covers the legal aspects of the role. Trainees will be assigned a mentor who can advise on portfolio building, identify gaps in training and help the trainee translate their training and experience into the AC role.

- 6.6 Providing that the trainee MPAC's portfolio demonstrates an appropriate level of competence, and other required training has been completed, the Trust will supply the necessary references to support the application to the approval panel.
- 6.7 Currently, clinical psychologists have the facility of the British Psychological Society (BPS) reviewing the trainee's portfolio (where the trainee is a psychologist) before it is submitted to the Midlands Approvals Panel. This provides a useful indicator of whether the portfolio meets the required standard, but the Trust will not be bound by any comments made by the BPS. MPACs who are not psychologists will be required to ensure their portfolios contain the information required by the Panel. The trainee's mentor will agree when the portfolio is ready for submission, however, the panel makes a completely independent decision and mentor support is no guarantee of a successful application.
- 6.8 All costs associated with the AC training will be borne by the Trust. Candidates will demonstrate a clear commitment to consistently working towards, developing and utilising the AC role. The financial, training, mentoring and clinical commitment involved in training MPACs is substantial.
- 6.9 MPAC trainees must have completed the approval process before practising as an AC. The approval will last for five years after which MPACs will need to apply for re-approval.
- 6.10 MPAC trainees will be offered a training contract with clear milestones of the expected time scale for the approval process. Relevant expectations are set out in the training contract, which is discussed and agreed with successful candidates. The Trust will ensure an appropriate amount of time is made available, away from normal duties, for the candidate to complete their training. The exact amount of time required will vary depending on the circumstances of each candidate and will be negotiated/reviewed between the candidate, their line manager and the Lead for MPACs. This will be recorded in the professional development record. If the approval process is not achieved, for external recruits the contract with LPT will be terminated; for internal recruits, the trainee will be offered alternative suitable employment on their previous Agenda for Change band.

7. SUPERVISION, CLINICAL PRACTICE, APPROVAL AND REAPPROVAL

- 7.1 All MPACs will be subject to the Trust Supervision policy. Supervision, whether individually or in a peer group, will be by clinicians with relevant experience of the AC role. It is the responsibility of the AC to ensure that they are adhering to the supervision arrangements.
- 7.2 The mentor will support the trainee MPAC in their initial portfolio building. It is the candidate's responsibility to develop their AC Portfolio, during the training contract. This will need to take account of the competencies pertaining to the Secretary of State's Instructions for Approved Clinicians, which vary from time to time.

The DHSC also provides appropriate detailed advice about submitting a portfolio to one of the DHSC's Regional MHA Approvals Panels, within their document entitled *Guidance for Seeking Approved Clinician Approval via the portfolio route*.

There are also portfolio development sessions run by the Regional MHA Approvals Panels. Before submitting a portfolio to the Midlands and East of England Approvals Panel, the trainee MPACs will be required to submit their initial AC portfolios for internal verification to the MPAC Steering Group. In practice, the Lead for Multi-Professional Approved Clinicians and/or a practicing MPAC will take the lead role in scrutinising AC portfolios pre-submission. It should be noted that trainee MPACs may also choose to submit their AC portfolio to the British Psychological Society, for detailed advice and guidance.

The timing of AC portfolio submissions is critical. There are a small number of meetings per year and the regional panel will expect a psychologist/nurse/social worker/OT who is a practicing AC to provide an initial overview. For this reason, ***portfolio submissions need to occur a minimum of six weeks prior to the full panel meetings***. Full details of the portfolio requirements will be issued by the Approval Panel can be found in the *Practice Guidance for Supervisors and Mentors* document.

- 7.3 The MPAC Steering Group is the governance group that is responsible for maintaining a register of qualified ACs and the time-period for re-approval.
- 7.4 Once added to the AC Register, MPACs must be prepared to assume the RC responsibility for patients detained under the Act. This may involve inpatients detained under part II MHA or part III MHA, or patients within the community (the latter being patients subject to Conditional Discharge, Community Treatment Orders or Guardianship). The newly qualified AC will meet with their mentor or relevant nominated lead to discuss ongoing arrangements regarding supervision, mentorship, application of the role, and continuing professional development. The AC will continue to be supported by a mentor for an agreed period of time following qualification, a minimum of one year. There may be local arrangements, depending upon the needs of the service and/or individual, regarding the nature of the post in which the person is AC.
- 7.5 When a cohort of trainee MPACs obtain initial AC approval, further group mentoring will be offered (as a form of preceptorship support) for 6 to 12 months. This allows time for new MPACs to consolidate their learning and experience whilst practicing as an RC. Where appropriate such preceptorship could include, by local arrangement, some individual mentoring.
- 7.6 The patient's RC – or consultant, in the case of informal patients – must be clearly recorded on the healthcare record. There are no statutory forms to record the identity of a patient's RC, or AC in charge of treatment of an informal patient's treatment and care. The MHA Administration Team should be informed of any changes in Responsible Clinician, or the Approved Clinician in charge of the treatment and care (for informal patients).

- 7.7 Once acting as RC, MPACs must make arrangements for RC cover when they are not working. When the RC is not available outside normal working hours (evenings, weekends and bank holidays), the on-call consultant will act as RC for the patient. During periods of sickness or other absence the AC providing cover will be the RC. If there is ever any uncertainty about the identity of a patient's RC, the Medical Director must arrange for the allocation of a RC as a matter of urgency.
- 7.8 During the five years of their approval, the MPAC must keep a portfolio of their work and, towards the end of their approval period, attend refresher training. The portfolio will help support their application for re-approval at the end of their approval period. All ACs – including medical doctors and MPACs – must seek AC re-approval during the final 12 months of their current approval.
- 7.9 Where the MPAC achieves a satisfactory level of practice during their five year approval period, the Trust will support their application to the Midlands Approvals Panel for re-approval.

8. CONTINUING PROFESSIONAL DEVELOPMENT

- 8.1 MPACs ACs who are clinical psychologists must maintain continuing professional development (CPD) activities and complete annual CPD logs. MPACs who are not clinical psychologists must maintain their profession's CPD equivalent, for example NMC nursing revalidation or HCPC registration
- 8.2 Core requirements of seeking AC re-approval include:
- Maintaining the AC's specific professional registration. This includes keeping up to date with their governing body's professional re-registration requirements e.g. appraisal, training etc. Appraisal requirements will be agreed with line managers in supervision/appraisal meeting.
 - The appraisal will also be signed off in Peer Group meetings, for the purposes of meeting the DHSC's MHA Approval AC re-approval requirements.
 - Two days specific AC training, which includes a one day update in relation to changes in case law / clinical practice and one day relating to a specific area of practice.
 - Providing two testimonies, from an existing AC and an AMHP.
 - Attend a one day AC Refresher Training Course, with one of the DHSC's agreed providers.
 - Providing an up to date CV.
 - Providing details of training undertaken, in relation to CPD requirements.
 - Complete an application form to the Regional MHA Approvals Panel, for AC re-approval.
- 8.3 Non-compliance will result in removal of the name of the MPAC from the Trust register and they will not be able to practice. The LPT Professional Registration Policy will provide further detail on the process to be followed in the case of a lapse.

9. LIABILITY/INDEMNITY

- 9.1 The Trust holds vicarious liability for the actions performed by all of its employees where this forms part of their duties (during the care/treatment of NHS patients) for which they have been trained and authorised by their Trust to undertake. While MPACs are professionally accountable for their own practice decisions, employers would remain vicariously liable for the actions and decisions of their staff.
- 9.2 Authority for MP ACs to practise is as described in this policy, and via inclusion on the Trust AC register.

10. TRAINING REQUIREMENTS

- 10.1 The Trust will work towards all staff being appropriately trained in line with the organisation's training needs analysis. All training documents referred to in this policy are accessible to staff within the policy section of the Trust Intranet.

11.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
7.3	The MPAC Steering Group is the governance group that is responsible for maintaining a register of qualified ACs and the time-period for re-approval.	Up to date register	Standing agenda item	MPAC Steering Group	Ongoing - the MPAC Steering Group meets 4 – 6 weekly.

12.0 STANDARDS/PERFORMANCE INDICATORS

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Department of Health (2015). Guidance for seeking Approved Clinician status via the portfolio route.	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/652073/Guidance_for_Seeking_Approved_Clinician_Status_via_the_Portfolio_Route.pdf

13.0 References and Bibliography

British Psychological Society (2016). Guidance for Registered Psychologists in making applications to the BPS Approved Clinician Peer Review Panel.

British Psychological Society (2017). Approved Clinician frequently asked questions. British Psychological Society.

Department of Health (2015). Guidance for seeking Approved Clinician status via the portfolio route.

Mental Health Act 1983 (as amended by the MHA 2007)

Mental Health Act 1983 Approved Clinician (General) Directions 2008

Mental Health Act 2007 – New Roles (NIMHE 2008)

Mental Health Act Code of Practice (2015)

National Institute for Mental Health in England (2007). Mental Health Act 2007 New roles.

Training Requirements

Training Needs Analysis

Training topic:	Multi Professional Approved Clinician
Type of training: (see study leave policy)	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role specific <input type="checkbox"/> Personal development
Directorate (s) to which the training is applicable:	<input checked="" type="checkbox"/> Adult Mental Health & Learning Disability Services <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Families Young People Children <input type="checkbox"/> Hosted Services
Staff groups who require the training:	A suitably qualified and experienced clinician who wishes to work as a Multi Professional Approved Clinician, where service need is identified
Regularity of Update requirement:	CPD, plus reapproval every five years
Who is responsible for delivery of this training?	University partners, trainee portfolio development and mentor support
Have resources been identified?	Yes, supported by HEE Midlands
Has a training plan been agreed?	Yes, supported by HEE Midlands
Where will completion of this training be recorded?	<input type="checkbox"/> ULearn <input checked="" type="checkbox"/> Other (please specify) – LPT MPAC register
How is this training going to be monitored?	MPAC register to be owned by relevant governance committee

Appendix 2:

Summary of Supervision, Mentoring and Action Learning Sets within MPAC training

	Supervision (Managerial & Clinical)	Additional mentoring from MPACs	Action Learning sets
Aims:	<p>Line Management (monthly)</p> <ul style="list-style-type: none"> ▪ General wellbeing. ▪ Team & service dynamics. ▪ Unpacking the new role & clinical complexities. ▪ Links to appraisal process. <p>Clinical supervision (3 sessions pcm)</p> <ul style="list-style-type: none"> ▪ General learning needs: review of past week & plans for the week ahead. ▪ Discussion of individual cases, involving the management of significant risk and/or complexity. ▪ Clinical application of MHA, MCA, case law and related guidance. <p>Shadowing/Mentoring opportunities</p> <ul style="list-style-type: none"> ▪ MDT Leadership. ▪ Clinical reviews, including Section 17 leave & discharge planning. ▪ MCA, including capacity assessments. ▪ Consent to treatment & SOAD referrals. ▪ Co-authoring RC reports and MHT attendance. ▪ Initiating CTOs/Guardianship. 	<ul style="list-style-type: none"> ▪ Supports the overall development, including maintaining progress and goals setting. ▪ Specific guidance, in relation to compiling evidence and the competency framework: <ul style="list-style-type: none"> ▪ 8 main domains ▪ Specific competencies ▪ Comparing and contrasting evidence, towards the overall portfolio development. ▪ Discussion of MPAC perspectives. ▪ Discussion of ethical issues. ▪ Any specific mentoring needs arising from supervision. 	<ul style="list-style-type: none"> ▪ Peer support and sharing. ▪ Action learning, with each trainee MPAC presenting a specialist topic, on one occasion. ▪ Periodically, guest speakers will be invited to present topics of interest (selected from the group). ▪ Creating a safe space to explore ethical dilemmas arising from practice. ▪ Opportunity to meet learning goals through specialist presentations, complex ethical and legal discussions and/or case law and practice guidance. ▪ Group discussion and weighing of evidence, to be submitted within the portfolio.
Who:	Clinical supervisor (an AC)	Lead for MPACs	Peer group
Set up:	Individual supervision, on a weekly basis	Individual mentoring, on a monthly basis	Group / peer – bimonthly
Documentation	LPT supervision template, for managerial supervision (aligns with Trust supervision policy)	Record kept by trainee. Log of meetings kept by trainee.	Record kept by trainee. Log of meetings kept by trainee.

Appendix 3

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input checked="" type="checkbox"/>
Respond to different needs of different sectors of the population	<input checked="" type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input checked="" type="checkbox"/>
Support and value its staff	<input checked="" type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input checked="" type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input checked="" type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input checked="" type="checkbox"/>

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Claire Armitage	Deputy Head of Nursing
Vicki Noble	Advanced Clinical Practitioner
Lynn Wroe	Advanced Clinical Practitioner
Dawn Holding	Team Manager

Circulated to the following individuals for comment

Name	Designation
Anne Scott	Director of Nursing
Avinash Hiremath	Medical Director
Jon Crossley	Lead for Psychology and Specialist Psychological Therapies, DMH
Jeanette Bowlay-Williams	Lead for Psychology and Specialist Psychological Therapies, FYPC
Deanne Rennie	Associate Director of Allied Health Professionals and Quality
Emma Wallis	Interim Deputy Director of Nursing and Quality
Michelle Churchard-Smith and Zayad Saumtally	Heads of Nursing, DMH and FYPC
Jane Martin, Saskya Falope, Simon Guild, Louise Evans, Carmela Senogles and Bernadette Cawley-Nash	Deputy Heads of Nursing, DMH and FYPC
Paul Cooke	Lead OT, DMH
Fabida Aria	Clinical Director, DMH
Kirsty Whatmore	Senior HR Business Partner
Sarah Willis	Director of HR
Alison Wheelton	Senior Mental Health Act Administrator
Vesna Acovski, Ian Randall and Waqqas Khokhar	Associate Clinical Directors
Mandi Hodges, Alex Butcher and Mathew Williams	Senior Clinicians
Kate Dyer	Deputy Director of Governance and Risk
Alison O'Donnell	Head of Learning and Development
Amy McCarthy	Workforce Programme Manager
Paul Williams, Jules Galbraith and Helen Perfect	Heads of Service
Helen Thompson and Fiona Myers	Directors of FYPC and DMH
Steve Dyer	Consultant Psychiatrist

Due Regard Screening Template

Section 1			
Name of activity/proposal	Multi Professional Approved Clinicians		
Date Screening commenced	6 th January 2022		
Directorate / Service carrying out the Assessment	DMH		
Name and role of person undertaking this Due Regard (Equality Analysis)	Claire Armitage, Deputy Head of Nursing		
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS: The aim of the policy is to provide specific guidance in terms of the allocation and governance of the Multi-Professional Approved Clinician (MPAC) role, to ensure clinicians with the right set of skills to address the patients' treatment needs.			
OBJECTIVES: The policy details information about the allocation, selection, training, approval and utilisation within Leicestershire Partnership NHS Trust (LPT).			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age	No identified impact		
Disability	No identified impact		
Gender reassignment	No identified impact		
Marriage & Civil Partnership	No identified impact		
Pregnancy & Maternity	No identified impact		
Race	No identified impact		
Religion and Belief	No identified impact		
Sex	No identified impact		
Sexual Orientation	No identified impact		
Other equality groups?	No identified impact		
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No ✓</td> </tr> </table>		Yes	No ✓
Yes	No ✓		
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4.		
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
No issues have been identified in relation to this policy.			
Signed by reviewer/assessor	<i>Armitage</i> Date 6 th January 2022		
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	<i>[Signature]</i> Date 14 th December 2022		

DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Multi Professional Approved Clinicians Policy	
Completed by:	Claire Armitage	
Job title	Deputy Head of Nursing	Date April 2022
Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk</p> <p>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:		
Date of approval		