

Multi-Professional Approved Clinician (MPAC) Policy

This policy sets out guidance for the allocation and governance of the Multi-Professional Approved Clinician (MPAC) role, to ensure clinicians have the right set of skills to safely and effectively address the patients' treatment needs. The policy details information about the allocation, selection, training, approval and utilisation of MPACs within Leicestershire Partnership NHS Trust (LPT).

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Policy On a Page

SUMMARY & AIM

This policy sets out guidance for the allocation and governance of the Multi-Professional Approved Clinician (MPAC) role, to ensure clinicians have the right set of skills to safely and effectively address the patients' treatment needs. The policy details information about the allocation, selection, training, approval and utilisation of MPACs within Leicestershire Partnership NHS Trust (LPT).

KEY REQUIREMENTS

The MPAC Steering Group will keep a register of staff who have successfully undergone training to become AC and the time-period for re-approval.

All staff training or working as MPACs will adhere to due process outlined in this policy.

TARGET AUDIENCE:

Approved Clinicians including MPACs, Staff expressing an interest in becoming a MPAC, Consultant Psychiatrists, Heads of Service, Service Managers, Professional and Clinical Leads, Learning & Development, Workforce Development, Mental Health Act Office.

TRAINING

Current training requires the trainee to build an appropriate portfolio of experience over a two-year period, complete a Postgraduate qualification in Mental Health Law, and attend a two-day taught element that 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. 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.

1.0 Quick look summary

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.

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. In other situations, a medical 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.

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
1	15 th April 2025	First draft on new Policy template, discussed in MPAC Steering Group and shared amongst Group members for comments and development
2	26 th June 2025	Second draft for wider consultation
3	7 th Jan 2026	Third draft in response to comments received from wider consultation

For Further Information Contact:

Associate Director of Psychological Professions

1.2 Key individuals involved in developing and consulting on the document

- Dr Jon Crossley, Associate Director of Psychological Professions
- Lynn Wroe, MPAC
- Vicki Noble, MPAC
- Dr Sam Hamer, Associate Deputy Medical Director
- Dr Saquib Mohammed, Consultant Psychiatrist

1.3 Governance

Level 2 or 3 approving delivery group – Workforce Development Group

Level 1 Committee to ratify policy – Joint People and Culture Committee in Common

1.4 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 considers the provisions of the Equality Act 2010 (Amendment) Regulations 2023 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.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 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 (Amendment) Regulations 2023. 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 4) of this policy

1.6 Definitions that apply to this policy.

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the decision.
- have received sufficient information to take it and not be acting under duress.

Due Regard: Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

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.

2.0 Purpose and Introduction

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 have the right set of skills to address the patients' treatment needs. The policy details information about the allocation, selection, training, approval and utilisation of MPACs within Leicestershire Partnership NHS Trust (LPT).

2.1 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

2.2 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.

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

3.0 Policy Requirements

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

4.0 Duties within the Organisation

4.1 Governance

The Medical Director 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.

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 several processes which support this aim, including supervision, appraisal, training and job planning.

MPACs will work at consultant level (regardless of discipline) in the clinical area of their own expertise and development. During training, the trainee MPACs may work in different clinical settings across the Trust to gain experience in different aspects of the AC role. At qualification, MPACs will be employed in an area of clinical expertise that has been established by the individual clinician prior to and/or during training.

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.

As the needs of the patient may change over time, it is important that the appropriateness of the RC is kept under review through the care-planning process. If it is understood that a different RC would be more appropriate, this can be escalated to Clinical Directors for review and support to either transfer or identify an appropriate AC to liaise with. This is consistent with longstanding practice with medical RCs when a different specialty is required for example.

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. The MHA Administration Team should be informed of any changes in RC.

MPACs will work in MDTs containing the other professional expertise required for patient care, including physical health care and complex prescribing needs. There may be circumstances where the RC is qualified with respect to the patient's main assessment and treatment needs but is not appropriately qualified to manage a required subsidiary treatment (e.g. prescribing medication, physical health assessment). In these instances, the non-prescribing RC will hold the overarching responsibility for the patient's care, but another appropriately qualified professional such as a medical AC will take responsibility for the additional treatment. If the subsidiary treatment is managing medication, the medical AC will monitor response to any drug prescribed and fulfil MHA legal duties such as the completion of forms T2, CTO12, Section 61 review of treatment forms, make second opinion appointed doctor (SOAD) requests and similar tasks. The RC must inform them of the general plan of treatment and invite them to meetings about the patient's care. Any unresolved differences of opinion should result in a second opinion being obtained from an AC who is not involved in that patient's care but has expertise related to the proposed treatment.

Some MPACs are non-medical / independent prescribers and/or advanced clinical practitioners with additional training in physical health assessment. In this instance, decisions about the required level of input from medical and pharmacy colleagues will be based on the complexity of the prescribing and physical health monitoring that is required.

In all instances where an MPAC is acting as RC, there should be medical oversight periodically in inpatient settings and as needed in community settings, with agreements about frequency of input and lines of accountability. In all instances, there needs to be a care plan on the Electronic Patient Record which clarifies roles and responsibilities of the MPAC and the medical AC and clearly documents the names of all with legal responsibilities. This may also include oversight from pharmacy when that resource is available, and this option needs to be carefully considered when medical support is being agreed.

All MPACs are part of a team where RC cover is provided out of hours by the on-call consultant and cover for annual leave is arranged with medical RCs in the team. 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.

When an assessment under the Mental health Act is required during working hours, for a patient who has been reviewed or is under the care of an MPAC in their Consultant role, a medical AC within the team will be approached in the first instance. Outside office hours, the usual on call procedures will be followed.

If the patient is recalled to Mental Health Urgent Care Hub, the MPAC retains responsibility as RC. If the patient is admitted to the ward, including following a CTO recall, the Inpatient AC assumes the role of RC and takes on the management of the treatment plan.

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.

It is essential for all MPACs to fully consider 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.

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.

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

The Trust holds vicarious liability for the actions performed by all 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.

4.2 Training

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. The process is outlined in the flowchart in Appendix 7.

Directors / Heads of Service and Heads of Professional Practice for practitioner psychologists, nurses and allied health professionals will ensure opportunities for MPACs are identified, supported and suitably deployed as and when appropriate.

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. The 'Mental Health Act 2007 New Roles' (NIMHE, 2008), Annex E (1) states that '... Applicants for the AC approval will be very experienced, well-qualified professionals who, given the necessary additional training and development opportunities, should be able to demonstrate the full range of competencies to be approved as an AC' (p. 35). The default position for nominating employers is therefore very experienced clinicians who demonstrate capability for the 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.

Only professionally qualified staff 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 Practitioner 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
- 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 8B and above 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 a doctorate for practitioner 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).

The specific current competency requirements of MPACs, arising from the Secretary of State's Instructions, are as follows:

- 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.

There should be opportunities for interested clinicians who have the required level of professional and educational experience to train as an MPAC, to develop consultant level practice:

- 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.
- Ideally potential candidates 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. 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.

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 if there is sufficient patient need consistent with the professional skills and training of MPACs, if the role will complement the existing skill mix in that area, and if funding arrangements for the role can be identified. In practice, the MPAC Steering Group will consult with senior managers, regarding impending operational needs and requirements. A service need for a trainee MPAC role within a given service and locality and a clearly defined MPAC role and job plan will need to be agreed by the directorate management team.

Trainee MPAC posts will be advertised on NHS Jobs. All staff must go through the Trust's recruitment process. Due to demand on supervisors/mentor's 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.

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.

MPAC trainees will be offered a training contract with clear milestones of the expected time scale for the approval process. 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.

Current training requires the trainee to build an appropriate portfolio of experience, complete a Postgraduate qualification in Mental Health Law, 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.

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.

MPACs 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.

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.

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.

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.

4.3 Supervision

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.

Management and supervision arrangements for MPACs are both aligned with current medical AC arrangements and appropriate for the professional needs of MPACs. Line management arrangements will be appropriate for the context that the MPAC is working in. Line management is either provided by the appropriate Clinical Director (CD), service manager or professional lead. The Clinical Director arranges clinical supervision for the work of AC.

There are several potential arrangements for clinical supervision including group or peer supervision. Clinical supervision is also provided from within the MPAC's professional group, that is psychology or nursing currently within LPT, for wider aspects of the MPAC

role beyond the implementation of the MH Act. Professional leadership is given by the appropriate professional lead for the MPAC, which is either the Associate Director of Psychological Professions for Practitioner Psychologists, or the Directorate Nursing Lead for MH Nurses.

Appraisals are held jointly with the line manager and professional lead. Line manager, professional lead and Clinical Director will work closely throughout to ensure effective management and organisation of the MPAC role.

Another Approved Clinician within the designated or a neighbouring service will be identified as a mentor or buddy for the MPAC for at least the first year following qualification, as they transition into the new role. There are also peer supervision meetings for MPACs, both locally and regionally.

It may be appropriate for MPACs to offer supervision to Specialist Medical Trainees and other colleagues in training roles, as well as other ACs, as part of the broader training and supervision arrangements, for example with discrete tasks within the role of the AC such as presenting to tribunals. Consideration should be given to the level of experience of the MPAC, with such supervision only being provided after a suitable period of qualification. Arrangements will need to be agreed with the CD and in conjunction with those with responsibility for medical training including the Programme Director and the Deanery.

4.4 Approval and Re-approval

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*.

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.

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.

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.
- 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.

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.

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.

5.0 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 orally and/ or in writing. Someone could also give non-verbal consent if 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.

If the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed 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:

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision.

6.0 Monitoring Compliance and Effectiveness

Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored
Page 16	Register of staff who have successfully undergone training to become AC and the time-period for re-approval.	Standing agenda item	MPAC Steering Group	Ongoing - The MPAC Steering Group meets every 12 weeks

7.0 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.

8.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

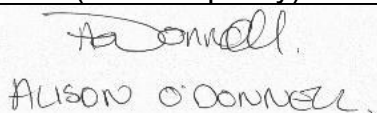
Fraud relates to a dishonest representation, failure to disclose information or abuse of position to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1 Training Needs Analysis

Training required to meet the policy requirements must be approved prior to policy approval. Learning and Development manage the approval of training. Send this form to lpt.tel@nhs.net for review.

Training topic/title:			
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	<input type="checkbox"/> Not required <input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role Essential (must be on the role essential training register) <input checked="" type="checkbox"/> Desirable or Developmental		
Directorate to which the training is applicable:	<input checked="" type="checkbox"/> Directorate of Mental Health <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Estates and Facilities <input checked="" type="checkbox"/> Families, Young People, Children, Learning Disability and Autism <input type="checkbox"/> Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)	Staff Who meet the criteria to be MPACs		
Governance group who has approved this training:	WDG	Date approved:	22.08.2025
Named lead or team who is responsible for this training:	Associate Director of psychological Professions		
Delivery mode of training: eLearning/virtual/classroom/informal/ad hoc	Blended		
Has a training plan been agreed?	Yes		
Where will completion of this training be recorded?	<input type="checkbox"/> uLearn <input checked="" type="checkbox"/> LPT MPAC register		
How is this training going to be quality assured and completions monitored?	Manager uLearn report <input checked="" type="checkbox"/> Local manager personal records StatMand (flash) topic compliance report <input checked="" type="checkbox"/> Other (Please specify)		
Signed by Learning and Development Approval name and date	 ALISON O'DONNELL		Date: 22.08.2025

Appendix 2 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 yes

Respond to different needs of different sectors of the population yes

Work continuously to improve quality services and to minimise errors yes

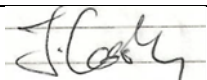
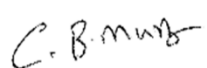
Support and value its staff yes

Work together with others to ensure a seamless service for patients yes

Help keep people healthy and work to reduce health inequalities yes

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance yes

Appendix 3 Due Regard Screening Template

Section 1			
Name of activity/proposal		Multi Professional Approved Clinicians	
Date Screening commenced		26 th June 2025	
Directorate / Service carrying out the assessment		LPT	
Name and role of person undertaking this Due Regard (Equality Analysis)		Dr Jon Crossley, Associate Director of Psychological Professions	
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.			
High risk:		Low risk: X	
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		Date	26 th June 2025
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed		Date	07 th January 2026

Appendix 4 Data Privacy Impact Assessment Screening

<p>Data Privacy impact assessment (DPIAs) is 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:	Dr Jon Crossley	
Job title	Associate Director of Psychological Professions	Date June 2025
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 more than 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 more than 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@nhs.net 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:	Hannah Plowright	
Date of approval	29/08/2025	

Appendix 5 Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Jon Crossley	Associate Director of Psychological Professions
Vicki Noble	MPAC
Lynn Wroe	MPAC
Sam Hamer	Associate Deputy Medical Director
Saquib Mohammed	Consultant Psychiatrist

Circulated to the following individuals for comment

Name	Designation
James Mullins	Interim Director of Nursing
Bhana Chadalavada	Medical Director
Jo Scordellis	Lead for Psychology and Specialist Psychological Therapies, DMH
Jeanette Bowlay-Williams	Lead for Psychology and Specialist Psychological Therapies, FYPCLDA
Deanne Rennie	Associate Director of Allied Health Professionals and Quality
Emma Wallis & Michelle Churchard-Smith	Deputy Directors of Nursing and Quality
Saskya Falope and Zayad Saumtally	Heads of Nursing, DMH and FYPCLDA
Zahra Makhany, Jacqui Newton Simon Guild and Jon-Paul Vivers	Deputy Heads of Nursing, DMH
Melissa Parry, Rebecca Fowler and Bernadette Light	Deputy Heads of Nursing FYPCLDA
Charlotte Messer, Mark McConnochie Vesna Acovski and Sanjay Rao	Clinical Directors, DMH
Dr Christo Benite, Dr Alvina Ali	Clinical Directors FYPCLDA
Claire Taylor	Senior HR Business Partner
Sarah Willis	Director of HR
Alison Wheelton	Senior Mental Health Act Administrator
Mandi Hodges, Alex Butcher and Heidi Higgins	MPACs
Kate Dyer	Director of Governance and Risk
Alison O'Donnell	Head of Learning and Development
Sam Wood and Helen Perfect	Heads of Service for DMH
Colin Cross and Janet Harrison	Heads of Service for FYPCLDA
Paul Williams and Tanya Hibbert	Directors of FYPCLDA and DMH

Appendix 6 Summary of Supervision, Mentoring and Action Learning Sets within MPAC training

	Clinical Supervision / mentoring	Managerial supervision	Action Learning sets
Aims:	<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 assessments. Consent to treatment & SOAD referrals. Co-authoring RC reports and MHT attendance. Initiating CTOs/Guardianship. 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 Discussion of ethical issues. Any specific mentoring needs. 	<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. 	<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)	Line manager	Peer group
Set up:	Individual clinical supervision, on a weekly basis	Managerial sv, monthly	Group / peer – bimonthly
Documentation	Record kept by trainee. Log of meetings kept by trainee.	LPT supervision template, for managerial supervision (aligns with Trust sv policy)	Record kept by trainee. Log of meetings kept by trainee.

Appendix 7 Flowchart of recruitment process

