

# **National Curriculum to Develop Relevant Competencies for Professionals Intending to Apply for ‘Approved Clinician’ Status via the Portfolio Route**



## Introduction

This curriculum aims to standardise the requirements of training courses offered by Higher Education Institutions (HEIs) for professionals intending to apply for Approved Clinician (AC) status via the portfolio route.

## Context

A Responsible Clinician (RC), as defined by **section 34** of the **Mental Health Act 1983** ('the Act'), has overall responsibility for a patient's case where the patient is liable to be detained for admission for assessment or treatment, is a community patient or is subject to guardianship under the Act.

In order to have RC responsibilities, an individual must have Approved Clinician (AC) status as defined by **section 145** of the Act. An individual with AC status is someone who has been approved by the Secretary of State to act as an AC for the purposes of the Act. Regional Approval Panels act as the "approving body" exercising the approval function of the Secretary of State in accordance with the related **statutory Instructions** and by agreement with the Secretary of State under **section 12ZA** of the Act.

Amendments to the Act in 2007 widened the professions able to take on RC responsibilities and to gain AC status, which had previously only been available to consultant psychiatrists (referred to in the pre-2007 Act as Responsible Medical Officers (RMOs)). AC status and RC responsibilities are now also open to mental health and learning disability nurses, practitioner psychologists, occupational therapists and social workers.

Nurses, psychologists, occupational therapists and social workers who want to gain AC status do so via '**the portfolio route**'; they apply to one of four regional Department of Health and Social Care (DHSC) Approval Panels and provide a portfolio of evidence to the Approval Panel demonstrating that they meet the required competencies as set out in the **Instructions with Respect to the Exercise of an Approval Function in Relation to Approved Clinicians 2015**, Schedule 2, paras. 2–9.

Doctors who are not on the specialist register for psychiatry can also seek approval via this route. Psychiatrists on the GMC specialist register do not gain AC status via the portfolio route and have a different application process.

Individuals applying for AC status via the portfolio route will have differing learning needs and development opportunities to enable them to evidence the required competencies. Some will be able to access support from their employer, relevant regional organisations or their professional bodies. Some Higher Education Institutions (HEIs) have also developed courses, which are not mandatory, but do provide training that can sit alongside employer support to prepare the individual for applying for AC status.

The purpose of this curriculum is to set out the criteria that will directly inform the national procurement for a standardised training course, delivered by HEIs, to support the

preparation of individuals to undertake AC responsibilities and develop the required AC portfolio in order to gain AC status. It also signposts to the wider system support needed, primarily from the trainee AC's employer. The **Guidance for seeking Approved Clinician status via the portfolio route** (DHSC, October 2017) and **Multi-Professional Approved/Responsible Clinicians Implementation Guide** provide further important information.

## Relevant Competencies

As noted above, the competencies required for AC approval are set out in the **Instructions with Respect to the Exercise of an Approval Function in Relation to Approved Clinicians 2015**, Schedule 2, paras. 2–9. HEIs must map their course content, learning objectives and assessments to these competencies.

### Positioning the AC Course Within a Wider Trainee AC Learning Plan

Individuals seeking AC status can be supported by mapping their existing knowledge, skills and experience against the required competencies, to identify their current strengths and areas needing further development. Trainee ACs can then develop a learning plan that aims to address any relevant skills and knowledge gaps and to collate evidence that can be submitted as part of their portfolio.

This learning plan could include several learning products depending on their individual learning needs, for example training courses, mentoring, networking, shadowing and placement opportunities. Some of these learning products are provided by HEIs, and some can be sourced elsewhere, such as employers, regional networks and/or professional organisations. The trainee AC's success will depend upon both the individual and employer ensuring that several sources of learning are working alongside each other in parallel.

It is important to note that a HEI course aligned with this curriculum is **not mandatory** for a person to gain AC status – not all trainees will need this in order to evidence relevant competencies – and **will not confer AC status or guarantee that an individual will receive AC status** – only the DHSC Approval Panels can approve a person to act as an AC where it is satisfied that an applicant meets the requirements set out in Part 2, para 3 of the **Instructions with Respect to the Exercise of an Approval Function in Relation to Approved Clinicians**.

However, national procurement and a standardised curriculum provides all trainee ACs with the opportunity to increase knowledge and skills that may be harder to source elsewhere. It therefore aims to increase engagement and reduce barriers for some multi-professionals who wish to apply via the **portfolio route** to be an AC.

**Appendix A** This document provides a high-level list of support that trainee ACs and employers can arrange to sit alongside any HEI course. The **implementation guide** can also provide more information. Employer organisations should have a strategy for the recruitment

and selection of trainee ACs and the deployment of AC/RCs. Appendix A and the [implementation guide](#) provides more detail on the criteria that should be considered.

**Appendix B** signposts trainees and employers to organisations and programmes that may be able to provide further support.

**Appendix C** acknowledges the members who met to develop this curriculum.

## Curriculum

It is important to note that it is the responsibility of the trainee AC to demonstrate compliance with the requirements of the regulations to the satisfaction of their [regional DHSC Approval Panel](#).

### Course Qualification Level

The course should be at a post-graduate level comprising 60 credits, i.e. postgraduate certificate (PGCert) level. Feedback from stakeholders has reinforced the importance of a post-graduate qualification (over a non-certified course) as part of the trainee AC's overall learning programme. It acknowledges the complexity and weight of responsibility of the AC/RC role and training level required and aligns with courses developed for other roles under the Act, namely approved mental health professional (AMHP) programmes.

### Course Objectives

Courses should meet the following overall objectives in relation to trainees' skills and knowledge:

- Demonstrate a comprehensive understanding of the role, legal responsibilities and key functions of an Approved Clinician and Responsible Clinician.
- Demonstrate an applied knowledge of primary and secondary mental health legislation, related guidance and codes of practice and national and local policy and guidance in relation to AC/RC responsibilities.
- Ability to explain and reflect upon legal, ethical and other considerations which may arise in relation to AC/RC responsibilities, particularly those impacting directly upon patients, including considerations relating to equality, diversity and inclusion (EDI) (see section 'Course Commitment to Equality, Diversity and Inclusion (EDI)' below).
- Ability to analyse and effectively respond to complex situations and problems in mental health services with specific reference to AC/RC responsibilities.
- Ability to use supervision and personal reflection as a means to improve personal effectiveness in relation to AC/RC responsibilities.

## Course Content

Courses must include meaningful involvement of Experts by Experience<sup>1</sup> in the design, implementation, and evaluation of training programmes. People who use health and care services, carers and families should be involved in equal partnership from the earliest stages of design, development and evaluation. It may also be appropriate and beneficial to involve Experts by Experience in the delivery of training programmes. Involvement should be properly resourced, with Experts by Experience given training, support, supervision and suitable payment for their work. Where HEI's are still developing their lived experience networks, [NHS England's Patient and Public Voice Partners](#) could provide further guidance and support.

It is expected that course content maps to the competencies required for AC approval and DHSC Approval Panels' processes.

Courses should also ensure that relevant service settings are covered in course content, for example adult services and children and young people's services.

### Courses should include the following core elements:

- Introduction and orientation to the role of an AC/RC and the process of approval. Include reference to the [Instructions with Respect to the Exercise of an Approval Function in Relation to Approved Clinicians 2015](#) and, in particular, highlight relevant competencies outlined in Schedule 2 of the Instructions ('Relevant Competencies', paras. 2–9) and elements related to the Regional DHSC Approval Panel's application process.
- Portfolio awareness. As a minimum, explaining the process of approval through the portfolio and necessary processes. Depending on local and/or regional arrangements, HEIs may additionally provide more tailored portfolio support and/or learning contracts/agreements.
- Consideration of the contemporary legal context of the Act, including relevant case law, statutory consultations and/or proposals for legislative reform<sup>2</sup>.
- Context of the development of AC/RC role. Include linking to [New Ways of Working](#) and clinical leadership. Consideration of transition to the AC/RC role and professional responsibilities around the use of power.

---

<sup>1</sup> Broadly defined as people who have recent personal experience (within the last eight years) of using or caring for someone who uses mental health services relevant to the AC/RC role.

<sup>2</sup> Courses should aim to effectively include time on the curriculum for consideration of potential or actual changes to legislation, particularly where legislative or policy change may be imminent. However, it will be incumbent on course providers to weigh up the benefit to trainees of time taken to understand and analyse what may be extensive and detailed proposals for change that are not currently applicable to real world practice.

- Introduction to the overarching legal framework, including an explanation of the legislative process. The jurisdiction of different courts, court structure and development of case law, including consideration of relevant supranational courts, for example, the role of the European Court of Human Rights.
- The role of the European Convention on Human Rights (ECHR) and Human Rights Act 1998 (HRA). This should include detailed consideration of relevant articles and obligations, specifically articles 2, 3, 5, 6, 8 of the ECHR. The role of the UN Convention on the Rights of Persons with Disabilities (CRPD) in relation to mental health law and the rights of patients should also be included.
- The Act, including legislation, statutory guidance and relevant case law in regard to the following areas<sup>3</sup>:
  - Guiding principles of the Act and the practical role of the guiding principles in regard to clinical decision-making AC/RC responsibilities;
  - Key statutory criteria, including key sections and terms in the Act;
  - The role and use of statutory guidance ([Code of Practice](#) and [Reference Guide](#)) and other sources of professional guidance (e.g. the [Mental Health Act Manual](#) by Richard Jones);
  - Defining 'mental disorder' under the Act;
  - All key legal responsibilities and powers held by the AC/RC, including holding powers and 'powers of recall' to hospital;
  - Relevant parts of the Act relating to patients subject to detention (including Part III patients, i.e. patients concerned in criminal proceedings or under sentence) or guardianship and community patients (subject to a Community Treatment Order (CTO));
  - Relevant parts of the Act relating to the assessment, admission, transfer, and discharge of patients as well as granting leave of absence from hospital;
  - Relevant parts of the Act and issues relating to the discharge of patients, including After-care and the [Care Programme Approach \(CPA\)](#);
  - Relevant parts of the Act relating to providing treatment to both detained and community patients, including the 'appropriate medical treatment test', emergency treatment, patients' consent to treatment, capacity/competence to consent, and

---

<sup>3</sup> It is anticipated that courses will be required to adapt content to changes in legislation and guidance as the [Draft Mental Health Bill 2022](#) passes into law.

relevant safeguards under the Act including in relation to electro-convulsive therapy;

- Relevant parts of the Act relating to patient wishes, including wishes expressed in advance;
- Duration of the authority for detention or guardianship of a patient, or the community treatment period of a patient and the process of renewal / extension, including options beyond immediate community discharge;
- Statutory forms and relevant paperwork;
- Functions and powers of relatives under the Act, including the role of 'nearest relative'.
- Role and involvement of others under the Act, including the Secretary of State, managers of hospitals, nurses of the prescribed class; second opinion appointed doctors (SOADs); and Independent Mental Health Advocates (IMHAs);
- Consideration of matters of Equality and Diversity in reference to patients subject to the Act, including reference to the [Public Sector Equality Duty](#) (see section 'Course Commitment to Equality, Diversity and Inclusion (EDI)' below);
- Mental Health Review Tribunals, including:
  - Patient's right to apply to the Tribunal.
  - Key powers of the Tribunal
  - Process of giving oral evidence in Tribunals
  - Report writing for Tribunals.
- Key ethical considerations, including confidentiality and information sharing, maintaining patient privacy, dignity and safety, and applying the Act's Guiding Principles in practice;
- Offences under the Act;
- Mental Capacity Act 2005, including the application of the MCA in regard to medical treatment and deprivation of liberty and the 'interface' between the MCA and the Act, considering the expectation of a baseline knowledge in trainees.

There may be other areas relevant to local or trainee need that could be included in the course, such as:

- More extensive consideration for specific patients, including:



- Children and young people under the age of 18;
- People with a diagnosis of a learning disability and / or autism spectrum disorder;
- People with a diagnosis of personality disorder;
- Patients concerned in criminal proceedings or under sentence;
- People with a diagnosis of dementia;
- People experiencing severe mental illness and problems with substance addiction or misuse (drug and / or alcohol use) ('dual diagnosis')
- More extensive consideration of related legislation, e.g. [Mental Capacity Act 2005 and Schedules A1 and AA1 relating to Deprivation of Liberty](#); [Care Act 2014](#); child protection legislation;
- Additional portfolio development and support.

## Course Assessments

Courses should provide summative and formative assessments in line with courses leading to a [level 7](#) qualification.

Assessments should link to learning objectives, the competencies required for AC approval status and the DHSC Approval Panel's processes.

Examples of assessment strategies that courses could use are:

- a learning needs plan
- logs of supervision, mentoring and/or training
- reflective or knowledge-based essays on relevant areas of mental health law
- practice or knowledge-based examinations
- an assessed Mental Health Review Tribunal report.

## Course Commitment to Equality, Diversity and Inclusion (EDI)

Courses must align their programmes to statutory duties under the [Equality Act 2010](#), including the Public Sector Equality Duty set out under [s. 149](#) of that Act, requiring public authorities who exercise public functions, and organisations carrying out public functions on behalf of a public authority, to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Trainee ACs should not only have a solid understanding of this duty but be able to demonstrate how their professional practice aligns with and promotes these duties as a foundational basis of undertaking AC responsibilities.

Trainee ACs should have an up-to-date understanding and working knowledge of issues relating to equality, diversity and inclusion at broader social, political and service delivery levels. This may include but is not limited to:

- the [social determinants of mental health](#), the means of addressing health inequalities and affirming individual characteristics and cultural needs in mental health;
- intersectional approaches to inequalities in mental health, including working with individuals who identify as members of multiple groups that experience stigma / with overlapping and intersecting identities;
- the mental health needs of historically, persistently, and systemically marginalised people and individuals and communities who have experienced persistent bullying, discrimination, harassment, abuse and stigmatisation;
- environments that eliminate the conditions in which bullying, discrimination, abuse and harassment occur, including by addressing discrimination and increasing accountability of all leaders in the workplace<sup>4</sup>;

Trainee ACs' understanding should include awareness of current issues relating directly to use of the Act, for example [the over-representation of people from some ethnic minority groups and, in particular, the over-representation of Black people detained in hospital or on community treatment orders](#). Trainee ACs should have awareness of related national strategies to address inequalities, including NHS England's [NHS equality, diversity, and inclusion improvement plan](#) and [Advancing Mental Health Equalities Strategy](#), the anti-racism approach embedded in the [Patient and Carer Race Equality Framework \(PCREF\)](#), and the Care Quality Commission's (CQC's) [Equality Objectives 2021-2025](#).

**Fundamentally, trainee ACs should be effectively supported to integrate their statutory duties under the Equality Act 2010 into their clinical decision-making and**

---

<sup>4</sup> See 'strategic EDI outcomes' and 'high impact actions' in the [NHS equality, diversity, and inclusion improvement plan](#), (NHS England)

**professional practice.** This should be with the understanding that individuals can experience disadvantage and negative mental health outcomes due to a wide range of factors, including adverse-childhood experiences, exposure to violence and crime, persistent discrimination, harassment and stigmatisation, lower socio-economic status, limited education and employment opportunities, poverty, poor housing, geographical location (including rural and urban) and lack of social and community connections.

Courses should ensure that there is an effective level of focus on:

- EDI in reference to patients subject to the Act, patient's relatives (including carers) and colleagues, incorporating a strong intersectional approach, and including clear content on how some communities commonly experience poorer mental health outcomes and how use of the Act in practice can raise issues for EDI;
- Developing evidence of putting the Public Sector Equality Duty and the Act's Guiding Principles into practice including in clinical decision-making and professional conduct, and in consideration of broader social, political and service delivery contexts;
- Developing an understanding and commitment to delivering culturally appropriate mental healthcare<sup>5</sup>;
- Trainees' understanding of the importance of positively engaging and interacting with people from different backgrounds and cultures, understanding and valuing difference and responding effectively to patients' cultural as well as health needs;
- Trainees' ability to contribute toward creating an environment that eliminates the conditions in which bullying, discrimination, abuse and harassment occur, including by directly addressing discrimination and increasing their own and others' accountability;
- EDI in reference to human rights ideals and laws. This should include detailed consideration of relevant articles and obligations under the European Convention on Human Rights (ECHR) and role of the UN Convention on the Rights of Persons with Disabilities (CRPD) in relation to the rights of patients subject to the Act.

Some examples of how EDI can be incorporated into courses could be:

- Consideration of what is equality, equity, dignity, diversity and inclusion and related themes including non-discrimination, anti-oppressive practice and social inclusion;
- Undertaking a patient-focused analysis of employer organisations' strategies and policies in relation to EDI and the Public Sector Equality Duty, including organisations'

---

<sup>5</sup> Culturally appropriate care, also called 'culturally competent care', focuses on understanding and being sensitive to people's cultural identity or heritage. See: <https://www.skillsforcare.org.uk/Developing-your-workforce/Care-topics/Culturally-Appropriate-Care/Culturally-Appropriate-Care.aspx>; <https://www.cqc.org.uk/guidance-providers/adult-social-care/culturally-appropriate-care>

implementation of the relevant priority 'high impact actions' set out in the [NHS equality, diversity, and inclusion improvement plan](#);

- Practical case studies and scenarios that enable AC trainees to identify, challenge and consider means of redressing inequality, iniquity, indignity and exclusion, and to enquire, explore, recognise and respect individuals' characteristics, intersectionality, self-expression, culture, language and personal values in the context of clinical decision-making and the clinical / professional encounter;
- Practical exercises, such as quizzes, on use of inclusive language;
- Training on uncovering implicit bias and understanding the impact of implicit bias on professional judgment and decision-making;
- Dedicated consideration of EDI, including case studies, within action learning sets or supervision;
- EDI considerations within specific assessment criteria;
- Training on individual and collective trauma resulting from historical, persistent, systematic and / or intergenerational bullying, discrimination, harassment, abuse and / or stigmatisation due the experience of racism, sexism, sexual prejudice, transphobia, ageism, ableism, religious intolerance, etc;
- Exploration of structural disadvantage and intersectional perspectives on racism, sexism, sexual prejudice, transphobia, ageism, ableism, religious intolerance, etc, including in relation to negative impacts on mental health and wellbeing as well as structural disadvantage in accessing appropriate healthcare.

## Course Involvement of Experts by Experience

Meaningful involvement of Experts by Experience in training courses makes a hugely positive contribution to the learning, practice and work of mental health professionals. The valued role of Experts by Experience highlights to professionals the importance of placing the values, needs, expectations and strengths of patients, relatives (including carers) and the wider community at the centre of what they do.

The inclusion of Experts by Experience in training programmes improves trainees' understanding of the way in which patients, relatives and carers experience and understand their situation. Experts by Experience can provide an unparalleled representative view of the impact of decisions by clinicians and other professionals using the Act to treat people experiencing serious mental distress. Experts by Experience may have negative experiences of how the Act and mental health services have impacted them, may desire change in legislation, services, and systems, and may view themselves / their relative (and others with

similar experience) as a **survivor of psychiatric treatment**. Trainees should be equipped to provide compassionate, empathetic, non-judgemental, respectful and effective responses to Experts by Experience with a view to engaging individuals they will encounter in their future practice, including understanding the networks and systems in which patients, relatives and carers live and interact with services.

In addition to the lived experience of Experts by Experience, it is also important that trainees have the opportunity to explore the relevance of their own lived experience gained through clinical / professional practice and to develop effective self-awareness and reflexivity.

Courses should effectively incorporate the lived experience of Experts by Experience into training. This can be achieved at the simplest level by courses inviting Experts by Experience to engage trainees about their experiences. It can also be achieved by integrating Experts by Experience into the design and delivery of courses, for example by involving Experts by Experience in the recruitment and assessment of trainees, through to recruiting Experts by Experience to co-produce the design, content and delivery approaches of courses. Where not already the case, HEIs can actively aspire to recruit people with lived experience to paid positions within their course delivery / teaching staff. It may also be relevant for HEIs to consider the different lived experiences sought in relation to specific course content and different service settings, e.g. adult in-patient settings and children and young people's in-patient settings.

Courses should attend to:

- How the involvement of Experts by Experience is co-ordinated;
- How Experts by Experience are selected to be representative of different communities, backgrounds, cultures and ethnicities;
- How Experts by Experience are rewarded for their contribution;
- The level of involvement of Experts by Experience in:
  - Course development
  - Student selection and interview panels
  - Teaching and learning
  - Assessment
  - Student mentoring
  - Recruitment of staff
  - Planning of programmes and quality assurance.

Some examples of how the perspectives of Experts by Experience can be incorporated into courses could be:

- How the awareness of and application of mental health law is experienced by patients and / or relatives and carers;
- How the use of powers conferred by the Act and used by clinicians and other professionals impact upon patients and are experienced by them (including in the short, medium and long term) as well as by relatives and carers.
- How the 'dynamics' of power is experienced by patients subject to the Act, including in relation to relevant restrictions and involuntary actions (i.e. detention and treatment) as well as by relatives and carers.
- How patients, relatives and carers have experienced positive and collaborative relationships with clinicians and other professionals, for example by being involved in care planning and being supported to make important treatment decisions.
- How different psychiatric treatments are experienced by patients and how to manage issues relating to informed consent, capacity and competence (in the case of a child), imposing involuntary treatment, and potential breakdowns in communications, trust and clinical / professional relationships due to treatment decisions;
- How a Mental Health Tribunal is experienced by patients and / or relatives and carers;
- The experience of related issues including supported decision-making, ward rounds, after-care planning, etc.

Appendix A also picks up the involvement of Experts by Experience that trainee ACs and employers should arrange to sit alongside any HEI course.

## Appendix A: Responsibilities of Employers and Trainee ACs

The NHS aims to increase the number of AC/RCs and the curriculum is one way to support multi-professionals to overcome barriers to this role. Employing organisations and trainee ACs are in different states of readiness and so this responsibility checklist aims to encourage the establishment, or improvement of, local policies and procedures. The success of the trainee in achieving AC status, and the success of the curriculum and courses, is dependent upon this state of readiness and so has been deemed useful to provide within this curriculum.

It may be appropriate for employing organisations, trainee ACs and HEIs to set up a memorandum of understanding or learning contract, to support this state of readiness. Consideration will be needed on who will take ownership for such a document so as not to create unnecessary barriers to uptake of AC training or the portfolio route more broadly.

The criteria listed here can be used as a checklist for implementation and should be read in conjunction with the AC/RC [implementation guide](#) for more details. Employer organisations may wish to consider the criteria when assessing their entry requirements to the trainee AC process.

- Consider strategies for the recruitment and selection of trainee ACs and deployment of AC/RCs.
- Understand the process for the regional DHSC Approval Panel.
- Ensure there is explicit support of the Medical Director/Executive Nurse/Senior Management Team.
- Develop a personal learning plan, based on the evidence the individual trainee AC needs to provide in order to demonstrate the required competencies (some HEI courses may include this as part of their offer).
- Identify what funding may be required and the process for accessing funding.
- Ensure the timeline for the components of the learning plan have been considered in order to reduce drop-out rates, for example:
  - the trainee will need to have their study time approved and role cover confirmed before they are able to commence the course;
  - the trainee will need a mentor secured early on to support them through the journey of their learning plan.
- Ensure there is a trainee AC job plan with protected time for portfolio completion, including any relevant training and development opportunities. There may be backfill



funding available for this. Your NHS England Regional Mental Health Team will know more.

- Ensure mentoring, networking and shadowing opportunities and supervision is in place. Consider the advantages and disadvantages of matching the trainee AC with someone with a different professional background to the trainee AC.
- Ensure meaningful involvement of Experts by Experience in the design, implementation, and evaluation of processes, and ideally in all key aspects of the course. This should cover processes such as recruitment, selection, deployment and CPD sessions. The majority of Trusts should already run a lived experience group that they can call on (see section above 'course involvement of Experts by Experience' for more details).
- Ensure meaningful involvement of equality, diversity and inclusion in the design, implementation, and evaluation of processes. This should cover processes such as recruitment, selection, deployment and CPD sessions (see section above 'course commitment to equality, diversity and inclusion for more details).
- Ensure that services, and the multi-disciplinary team, are aware of the process and benefits of dedicating resources to the trainee AC's curriculum. Ensure there is opportunity for questions and discussion.
- Consider maintaining metrics, such as: the number and demographics of applicants, who is and is not accepted onto to be an AC trainee (and why); course attrition rates; course feedback (quantitative and qualitative); who gains AC status and reasons for those who do not. Regularly review metrics, identify themes and plan continuous improvement activities.
- Consider effective means of support and continuing professional development for ACs once approved.



## Appendix B: Further Support

It can be difficult for employing organisations and trainee ACs to navigate what support may be available as they compile their portfolio, and so it has been deemed useful to include further details here.

Trainee ACs can be supported in the first instance by mapping their knowledge, skills and competencies against the required competencies set out in the [Instructions with Respect to the Exercise of an Approval Function in Relation to Approved Clinicians 2015](#), Schedule 2, paras. 2–9, to identify their current competencies and learning needs. They will also need to be aware of their regional DHSC Approval Panel's processes. Trainee ACs can create a learning plan on how to close any knowledge and skill gaps and gathering proof to evidence these.

A course delivered by an HEI can be part of a trainee ACs overall learning programme.

Alongside this there may be additional offers of support from:

- Their employer (see Appendix A and [implementation guide](#) for further details <https://www.hee.nhs.uk/our-work/mental-health/new-ways-working-mental-health/approved-clinicians-responsible-clinicians-acrc>);
- Their regional DHSC Approval Panel, including workshops, guidance documents or one-to-one support on the process;
- Their regional NHS England Workforce, Training and Education Mental Health Team, who may run activities to support the uptake and engagement of multi-professional AC/RCS;
- Their professional body who may provide guidance, events and networking opportunities:
  - [Royal College of Occupational Therapists](#) resources
  - [Royal College of Nursing](#) Mental Health Forum
  - [British Psychological Society](#) Mental Health Act Advisory Group
  - [Social Work England](#)
  - [Royal College of Psychiatrists](#).

In addition the following resources may be helpful:

- [Department of Health \(2017\) 'Guidance for seeking Approved Clinician status via the portfolio route'](#)

- Department of Health (2015) 'Mental Health Act 1983: Code of Practice'
- Department of Health (2015) 'Mental Health Act: Instructions with Respect to the Exercise of Approval Function in Relation to Approved Clinicians 2015'
- Department of Health (2015) 'Reference Guide to the Mental Health Act 1983'
- Ebrahim, S (2018) 'Multi-professional approved clinicians' contribution to clinical leadership', *The Journal of Mental Health Training, Education and Practice*, Vol. 13 Issue: 2, pp.65-76, <https://doi.org/10.1108/JMHTEP-03-2017-0019>
- Health Education England 'Multi-Professional Approved/Responsible Clinician: Implementation Guide'
- Jones, R.M. *Mental Health Act Manual*. Sweet & Maxwell – updated annually.
- Oates, Brandon, T., Burrell, C., Ebrahim, S., Taylor, J., & Veitch, P. (2018). 'Non-medical approved clinicians: Results of a first national survey in England and Wales'. *International Journal of Law and Psychiatry*, 60, 51–56. <https://doi.org/10.1016/j.ijlp.2018.07.005>
- Oates, Burrell, C., Ebrahim, S., Taylor, J., Veitch, P., & Brandon, T. (2020). Responsibility as professional leadership and decision making: Interviews with non-medical Responsible Clinicians. *International Journal of Law and Psychiatry*, 71, 101575–101575. <https://doi.org/10.1016/j.ijlp.2020.101575>
- Oates, J., Burrell, C., Ebrahim, S., Taylor, J., Veitch, P, Brandon, T. (2021) 'Implications for mental health workforce strategy, professional training and supervision of more widespread adoption of the multi-professional Responsible Clinician; Results of a qualitative inquiry'. *International Journal of Law and Psychiatry*. Volume 76, <https://doi.org/10.1016/j.ijlp.2021.101696>
- NHS England (2020), 'Advancing mental health equalities strategy'

## Appendix C: Acknowledgements

This curriculum was developed by NHS England's directorate for Workforce, Training and Education (formerly Health Education England) with input and thanks to:

### Members of Health Education England's / NHS England's AC Curriculum Development Group

- Adrian Whittington, National Lead for Psychological Professions, Health Education England (HEE) / NHS England (NHSE)
- Andra Chiscop, Programme Manager, New Roles, HEE / NHSE
- Andrea Goodall, Project Manager, New Roles, HEE / NHSE
- Anne Sheeran, Consultant Clinical and Forensic Psychologist, Approved Clinician, AC Training Education Provider, University College London
- Carole Burrell, Solicitor (Mental Health), AC Training Education Provider, University of Northumbria
- Catherine Gallop, Associate Professor, Clinical Psychologist, Accredited CBT Therapist, AC Training Education Provider, University of Exeter
- Elaine Bowden, Mental Health Act Programme Lead, HEE / NHSE
- Emily Barnard, Expert By Experience supporting Peter Young
- Hannah Poupart, Project Manager, National Workforce Skills Development Unit (NWSDU)
- Harjinder Kaur-Heer, Programme Manager, Mental Health Act Programme, HEE / NHSE
- Ian Hogbin, Consultant Clinical Forensic Psychologist, Approved Clinician, Programme Lead, AC Training Education Provider, University of Exeter
- Prof Jane Melton, National Expert Clinical Adviser: Mental Health (Allied Health Professionals), HEE / NHSE

- Prof John Taylor, Consultant Clinical Psychologist and Approved Clinician, Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust and AC Training Education Provider, Northumbria University
- Karen Linde, Social Worker, Senior Associate at the Centre for Citizenship and Communities, Independent Consultant
- Kaye Adamson, HEE Regional Representation (South East)
- M Grayston, Clinical Advisor, NWSDU
- Mary Jeal, Project Officer, New Roles, HEE / NHSE
- Michael Chalmers, Head of Mental Health Law, Barnet, Enfield and Haringey Mental Health NHS Trust
- Naheem Akhtar, Programme Lead, New Roles, HEE / NHSE
- Dr Peter Beazley, Clinical Psychologist, Deputy Programme Director for Clinical Psychology Doctorate programme (ClinPsyD), University of East Anglia
- Peter Wood, MPAC Strategic lead
- Peter Young, Expert By Experience
- Rachel Niven, HEE Regional Representation (South West)
- Rebecca Burgess-Dawson, Honorary Nurse Consultant (Crisis Resolution), National Clinical Lead (Mental Health), HEE / NHSE
- Rob Hardy, Senior Programme Lead, NWSDU
- Sarah Ackland, Mental health lawyer, AC Training Education Provider, University of Exeter
- Prof Steve Pilling, Consultant Clinical Psychologist, Head of Clinical, Educational and Health Psychology department, AC Training Education Provider, University College London



- Prof Wendy Burn CBE, Consultant Psychiatrist, past President of Royal College of Psychiatrists, National Mental Health Clinical Advisor, HEE / NHSE.