

**National Advisory Group for Approved Clinician Training – Guidance.
Specific required competencies, their attainment and sources of evidence.**

Key to required competencies

Please use with the examples of evidence matrix.

1	The role of the Approved Clinician & Responsible Clinician	A comprehensive understanding of the role, legal responsibilities and key functions of the Approved Clinician and Responsible Clinician. This is an overarching competence. The AC and RC competencies will build on existing professional competencies. Additional skills, knowledge and experience should be acquired, where these are lacking, to demonstrate the full range of AC/RC competencies. How Acquired: Existing professional skills, knowledge & experience, Shadowing AC/RC/AMHP, Suitable coursework, Seminars, Teaching, Learning set membership, Specific training
2A	Legal & Policy Framework	Applied knowledge of the Mental Health Act 1983, related Codes of Practice and national and local policy and guidelines. How Acquired: Existing knowledge, Training by appropriate provider (law school, accredited body), Shadowing AC/RC/AMHP
2B	Legal & Policy Framework	Applied knowledge of other relevant legislation, codes of practice, national and local policy guidance, in particular, relevant parts of the Human Rights Act 1998, the Mental Capacity Act 2005, and the Children Acts. How Acquired: Existing knowledge, Training by appropriate provider (law school, accredited body). Shadowing
2C	Legal & Policy Framework	Applied knowledge of relevant guidance issued by the National Institute for Health and Clinical Excellence (NICE) How Acquired: Knowledge of evidence-based practice relevant to likely patient group (AMH, LD, CAMHS, Autism, PD, OP) about whom decisions will be made ("Relevant" means relevant to the decisions likely to be taken by an AC or RC. Where national or professional guidance is not available, the applicant should use other evidence-based sources relevant to the patient group likely to be the subject to their decisions.
3A	Assessment	Demonstrated ability to: a) identify the presence of a mental disorder; b) identify the severity of the disorder; and c) determine whether the disorder is of the kind or degree warranting compulsory confinement. How Acquired: Professional training & experience, Specific training (e.g. assessment tools for different patient groups) Whilst the relative seniority of many applicants should ensure a high degree of existing competency in assessment, evidence of shadowing of AC/RC and AMHP is vital to demonstrate especially C above. This evidence should also be demonstrated in reflective learning set logs / journal. Workshops on mental health assessments preparatory to detention with practicing ACs/RCs and AMHPs is recommended
3B	Assessment	Ability to assess all levels of clinical risk, including risks to the safety of the patient and others within an evidence-based framework for risk assessment and management. How Acquired: Professional training & experience, Training in relevant risk assessment & management tools and processes

3C	Assessment	Demonstrated ability to undertake mental health assessments incorporating biological, psychological, cultural and social perspectives. How Acquired: Professional training & experience, Shadowing AC/RC/AMHP. All the evidence should be relevant to the patient group's the applicant is likely to be making decisions about.
4A	Treatment	Understanding of: a) mental health related treatments i.e physical, psychological and social interventions; b) an understanding of different treatment approaches and their applicability to different patients. How Acquired: Professional training & experience, Commissioned didactic / seminar courses in areas of identified knowledge – need (e.g. ECT, Psychopharmacology, psycho-surgery) Applicants can be expected to have an existing competency base at least in non-medical areas of treatment. The CPD and specific training will be pertinent to professions, for example nurse applicants may be registered on non-medical prescribing courses.
4B	Treatment	Demonstrated high level of skill in determining whether a patient has capacity to consent to treatment. How Acquired: Professional training & experience, Workshops on MCA, Consent to treatment
4C	Treatment	Ability to formulate, review appropriately and lead on treatment for which the clinician is appropriately qualified in the context of a multi-disciplinary team. How Acquired: Professional training & experience
4D	Treatment	Ability to communicate clearly the aims of the treatment, to patients, carers and the team. How acquired: Professional training & experience
5	Care Planning	Demonstrated ability to manage and develop care plans which combine health, social services, and other resources, ideally, but not essentially, within the context of the Care Programme Approach. How Acquired: Professional experience undertaking care co-ordination, Attendance at CPA case reviews, Shadowing RC, Appropriate workshops / training
6A	Leadership and multi-disciplinary team working	Ability to effectively lead a multi-disciplinary team. How Acquired: Professional experience, Leadership training, team-work training
6B	Leadership and multi-disciplinary team working	Ability to assimilate the (potentially diverse) views and opinions of other professionals, patients and carers, whilst maintaining an independent view. How Acquired: Professional training & experience
6C	Leadership and multi-disciplinary team working	Ability to manage and take responsibility for making decisions in complex cases without the need to refer to supervision in each individual case. How Acquired: Professional training & experience
6D	Leadership and multi-disciplinary team working	Understands and recognises the limits of their own skills and recognises when to seek other professional views to inform a decision. How Acquired: via supervision and reflective practice

7	Equality and Cultural Diversity	<p>A) Ability to identify, challenge, and where possible redress discrimination and inequality in all its forms in relation to Approved Clinician practice; B) Understands the need to sensitively and actively promote equality and diversity; C) An understanding of how cultural factors and personal values can affect practitioner's judgments and decisions in the application of mental health legislation and policy.</p> <p>How Acquired: Values-based practice of legal knowledge Reflective learning set activities should reflect this area. Evidence of policies and models drawn on should be specific to patient group (e.g. valuing people, normalisation with LD)</p>
8A	Communication	<p>Ability to communicate effectively with professionals, patients, carers and other, particularly in relation to decisions taken and the underlying reasons for these.</p> <p>How Acquired: Professional training & experience</p>
8B	Communication	<p>Ability to keep records and an awareness of the legal requirements with respect to record keeping</p> <p>How Acquired: Knowledge of law and policy</p>
8C	Communication	<p>Demonstrates an understanding of and has the ability to manage the competing requirements of confidentiality and effective information sharing to the benefit of the patient and other stakeholders.</p> <p>How Acquired: Professional training & experience</p>
8D	Communication	<p>Ability to compile and complete statutory documentation and to provide written reports as required of an Approved Clinician.</p> <p>How Acquired: Professional experience, Formal AC training, Shadowing AC/RC/AMHP</p>
8E	Communication	<p>Ability to present evidence to courts and tribunals</p> <p>How Acquired: Professional experience, Specialist course attendance (MHRTs, Court Work), Shadowing</p>