

MIDLANDS AND EAST OF ENGLAND APPROVALS PANEL

**REFERENCE IN SUPPORT OF AN ~~INITIAL~~ / RENEWAL APPLICATION FOR
APPROVED CLINICIAN STATUS UNDER THE MENTAL HEALTH ACT 1983**

Name of Applicant:	Mr Miles R France
Professional Registration Number:	SW25511

The Midlands and East of England Approvals Panel has received an application for the below purpose. Please complete this reference form to confirm whether the applicant has the ability to undertake the role of Approved Clinician, and indicate any reservations you may have in the appropriate place in the reference form. **The information you supply will be treated in confidence, and in accordance with the provision of the Data Protection Act 1998. Please be advised that the applicant may request a copy of the reference under this Act.**

All referees must complete parts A and C. Training Programme Directors or equivalent (where the applicant is in the last year of higher training), should also complete part B

Part A

How long have you worked with this applicant and in what capacity? (Please stipulate current and any previous working relationships)	<p>DATE FROM: Sept 1997</p> <p>DATE TO: current</p> <p>CAPACITY: initially ASW/AMHP colleague and now his AMHP supervisor</p>
Have you any concerns or knowledge of any complaints that may affect the applicant's ability to perform the role of AC?	No
Please provide details of any relevant complaints received and any outcome	None

Bearing in mind the legal powers conferred under the Mental Health Act 1983 (as amended); do you believe that this practitioner has the necessary experience, competencies and attitude to fulfil these functions appropriately and independently and in line with legal requirements? The competencies are summarised below, please refer to the Secretary of State's Instructions in relation to Approved Clinicians 2015, for full details of the requirements.

Legal and policy framework	Applied knowledge of the Mental Health Act 1983, related Codes of Practice and national and local policy and guidelines and other relevant legislation. Applied knowledge of relevant guidance issued by the National Institute for Health and Clinical Excellence (NICE).	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
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. 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. Demonstrated ability to undertake mental health assessments incorporating biological, psychological, cultural and social perspectives.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
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. 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.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
Leadership and multi-disciplinary team meeting	Ability to effectively lead a multi-disciplinary team. Ability to manage and take responsibility for making decisions in complex cases without the need to refer to supervision in each individual case.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
Equality and diversity	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.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
Communication	Ability to communicate effectively with professionals, patients, carers and other, particularly in relation to decisions taken and the underlying reasons for these. Ability to keep records and an awareness of the legal requirements with respect to record keeping. Ability to compile and complete statutory documentation and to provide written reports as required of an Approved Clinician. Ability to present evidence to courts and tribunals.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unable to comment <input type="checkbox"/>
Comprehensive understanding of the role	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.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unable to comment <input type="checkbox"/>

If you have answered <u>no</u> or <u>unable to comment</u> to any of the above, please explain why	
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Please add any further information you may have relating to this applicant's suitability to be an Approved Clinician	I have known Miles as an ASW/AMHP colleague for nearly 20yrs and currently supervise his AMHP practice. He is a highly conscientious practitioner who strives to deliver the most appropriate and safe outcome for patients. He is highly knowledge and skilled in all legal and clinical aspects of mental health and continues to share his knowledge and expertise with AMHP students and junior colleagues.
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Part B

To be completed by the Programme Director or equivalent when the applicant is in the last year of their CCT

Can you confirm that this applicant has progressed through the local psychiatry training programme, and is in their final year of higher training?	Miles is a very experienced social worker/AMHP and is at the top of his banding.
Expected CCT date	
Has the applicant been offered an Acting up consultant post for which they need to be an AC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you support this applicant?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No please explain why not	

Part C to be completed by all referees

Name (please print):	Kathryn Rainbird
Signature:	
Date:	9/06/2017
Post held:	AMHP Practice Consultant
Organisation:	Norfolk County Council
Professional address:	AMHP Office, Paston centre, Hellesdon Hospital, Dayton High Rd, Hellesdon, Norwich NR5 6BE
Professional email address:	kathryn.rainbird@norfolk.gov.uk
Contact telephone number:	01603 217623/21
Professional registration number:	SW59344
Professional relationship:	<ul style="list-style-type: none"> • Approved Clinician <input type="checkbox"/> • AMHP <input checked="" type="checkbox"/> • Medical / Clinical Director or equivalent <input type="checkbox"/> • Training Programme Director or equivalent <input type="checkbox"/>
Period of relationship:	I have known the applicant for at least 3 months Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> and/or I have worked with the applicant in England or Wales for 3 months or longer in the last 12 months Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Please complete the reference form as soon as possible. Preferred method of return is via email or fax but must contain a form of signature, any form not signed will be returned. Electronic signatures are acceptable, but the email must come from your account, not that of your secretary.

Please return to: **Midlands and East of England
Mental Health Act Approval Panel**

Section 12 Office, Woodfield House, Tickhill Road
Site, Balby, Doncaster. DN4 8QN

Telephone: 01302 798154 Fax: 01302 796896

Email: mha.approvals@rdash.nhs.uk