



Department: Code:	Policy on s22 approval: Approved Medical Practitioner list	
Refer to Other Documents: Mental Health (Care and Treatment) (Scotland) Act 2003, Code of Practice	Supersedes:	
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NHS Western Isles

Mental Health Services

Policy on s22 approval: Approved Medical Practitioner List


Date Approved: CMT: 4/6/15	Review Date: (max 2 yrs) July 2022	Version: 2	Author: Mike Hutchison
Content Approval By & Date: MH OMT 23/6/20			Owner: Francis Mcauley Medical Director
Approval for Use within NHS Western Isles: CMT 4/6/19			Reviewers: (Future) Associate Director of MH & LD MH OMT CMT

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1 Introduction

- 1.1 Section 22(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 requires each Health Board and the State Hospital Board for Scotland to compile and maintain for its area a list of Approved Medical Practitioners (AMPs). The Act also conferred powers on the Scottish Ministers to give directions as to the qualifications, training and experience required of medical practitioners before they could be placed on an AMP list.
- 1.2 Section 230 of the Mental Health (Care and Treatment) (Scotland) Act 2003 states that the relevant hospital managers must appoint an AMP, (a medical practitioner approved under section 22 of the Act), to act as a patient's Responsible Medical Practitioner (RMO).
- 1.3 AMPs are approved by a Health Board as having special expertise in the diagnosis and treatment of mental disorder. This expertise is recognised by a medical practitioner who is either:
- A member or fellow of the Royal College of Psychiatrists (MRCPsych, FRCPsych),
- OR**
- Who has 4 years continuous experience in the speciality of psychiatry and is sponsored by the Health Board's Medical Director,
- 1.4 In addition to the bullet points contained in paragraph 1.3 the medical practitioner must have successfully completed a training course in relation to the provisions of the Act which has been developed by the Scottish Ministers in consultation with the Royal College of Psychiatrists. Details of the training can be found on: <http://www.nes-mha.scot.nhs.uk/> and <http://www.rcpsych.ac.uk/workinpsychiatry/divisions/rcpsychinScotland/men talhealthact.aspx>

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1.5 Appointments must be made “as soon as is reasonably practicable” after the occurrence of what sections 230 and 232 of the Mental Health (Care and Treatment) (Scotland) Act 2003 terms as an “appropriate act” in relation to the patient. These are:


- the granting of an emergency detention certificate;
- the granting of a short-term detention certificate;
- the making of an interim compulsory treatment order or a compulsory treatment order;
- the making of a temporary compulsion order;
- the making of an interim compulsion order or a compulsion order;
- the variation of a compulsory treatment order or a compulsion order;
- the making of an assessment order;
- the making of a treatment order;
- the making of a hospital direction;
- the making of a transfer for treatment direction;
- the transfer of the patient to another hospital under sections 124(2), 125(4)(b), 126(4), 218(2), 219(4)(b) or 220(4)(b) of the Act; and
- the return of the patient to a hospital under sections 125(5), 126(5), 219(5) or 220(5) of the Act.

2 Policy on s22 approval

2.1 Process

2.1.1 Completion of the requisite training does not mean the consultant is automatically approved under the Act. The medical practitioner will be required to produce his/her two certificates (confirming completion of the requisite training) to NHS Western Isles’ Medical Director who will, (subject to being satisfied that the medical practitioner’s CPD is up to date), approve the medical practitioner as an AMP and will instruct the Associate Director for Mental Health & Learning Disabilities to place the medical practitioner on NHS Western Isles’ list of ‘Approved Medical Practitioners’ (**appendix 1**).

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2.1.2 Approval is **valid for 5 years** at which time the consultant will be required to attend a refresher training course. All medical practitioners placed on the AMP list **must** undertake refresher training and re-certification after every five year cycle to remain on the list.

2.1.3 Four years after being placed on the AMP list a letter will be sent by the **Associate Director of** Mental Health & Learning Disability Services to remind each medical practitioner that they are required to attend refresher training within the twelve months. The medical practitioner will be asked to send a further certificate confirming that they have successfully completed this training to the Medical Director, and before the fifth anniversary of their name being placed on the list, if they wish to remain on it. The Medical Director will then instruct the Associate Director for Mental Health & Learning Disabilities to update the AMP list accordingly. Information on refresher training can be found on:
<http://www.rcpsych.ac.uk/workinpsychiatry/divisions/rcpsychinScotland/mentalhealthact.aspx>


2.2 Governance

2.2.1 The Medical Director will produce an annual report to the Corporate Management Team (CMT) on the list of AMPs for the forthcoming fiscal year. The Medical Director will include in his report information on the names and numbers of AMPs on the list, the names of AMPs whose approval have been extended and the names of AMPs who have been removed from the list.

2.2.2 In all cases, the Medical Director will confirm that the medical practitioners who have been approved have the special expertise necessary in the diagnosis and treatment of mental disorder for the purposes of the Mental Health (Care and Treatment) (Scotland) Act 2003.

2.2.3 Medical practitioners on the list will receive a formal letter from the Medical Director confirming that their name has been added to the list or that their name will remain on the list, for a period of five years. The date of approval **will** be the date that the medical practitioner's certificates confirming

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satisfactory completion of the requisite training have been received and approved by the Medical Director.

- 2.2.4 This policy does not affect the approval status of medical practitioners who were approved as s22 practitioners prior to the development of this policy.
- 2.2.5 A risk assessment has been carried out (**appendix 2**) that highlights the requirement for a policy on S22 approval.
- 2.2.6 The Associate Director for Mental Health & Learning Disabilities will hold an ‘AMP’ file that will hold evidence of certifications for each AMP (**appendix 3**) and the assurance checks involved.
- 2.2.7 There are occasions where it may be necessary to seek s22 approval for a medical practitioner to join the list in the absence of the medical director. This can be for a variety of reasons e.g. during the medical director’s annual leave where S22 approval is required for a locum post and where the locum is not on another NHS Scotland Board’s list of Approved Medical Practitioners. In such circumstances the medical director’s authorised deputy will provide the approval subject to 1.3, 1.4 and 2.2.2.
- 2.2.8 **Appendix 4** details the s22 application and approval process and **appendix 5** the audit process pertaining to the distribution of this policy.

2.3 Removal from list

- 2.3.1 The Mental Health (Care and Treatment) (Scotland) Act 2003 code of practice states that It is important that lists compiled by Health Boards are regularly maintained, that new AMPs are added and that doctors no longer in the employ of the Health Board are removed promptly.
- 2.3.2 The Medical Director will inform, in writing, any AMP who is no longer in the employ of NHS Western Isles of the Board’s intention to remove their name from the list with four months notice of its intention. The Medical Director will provide a report to the CMT subject to 2.2.1.

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2.4 Intermittent locums/s22 AMPs

- 2.4.1 There will be occasions where NHS Western Isles use locums on an intermittent basis, for example, medical practitioners who live locally but where NHS Western Isles is not the practitioner's first employer. In these circumstances, and for the purpose of the list, these locums will be considered as substantive subject to the requirements of 2.1.3.
- 2.4.2 Where the locum is approved by another NHS Scotland Health Board NHS Western Isles' s22 list will state the board the AMP is approved by. A list of s22 AMPs can be found on the SHOW website: <http://www.sehd.scot.nhs.uk/publications/DC20170601approved.pdf>
- 2.4.3 HR recruitment should ensure hard copies of s22 certificates (parts 1 and 2) and a copy of the locum's certificate confirming Membership or Fellowship of the Royal College of Psychiatrists (or equivalent) is available to the selection panel.
- 2.4.4 The Associate Director of Mental Health & Learning Disabilities will inform SEHD on an annual basis of the current list, or more frequently, when changes are made to the list.
- 2.4.5 Paragraph 2.3.2 will apply where intermittent locums have indicated that they no longer wish to work for NHS Western Isles.

3 Policy Statement


A fairness assessment is not required for this policy because the policy defines only the governance arrangements around the process of approving s22 AMPs and does not have a direct relationship or impact on patient care.

Signature (Lead Chaplain):



T K SHADAKSHARI

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4 Accountability

- 4.1 The **Associate Director** of Mental Health & Learning Disabilities is responsible for ensuring the list is up to date and that the risk assessment (**appendix 2**) is regularly reviewed.
- 4.2 The **Associate Director** of Mental Health & Learning Disabilities will ensure this policy is available to all the areas that are identified in **appendix 3**.
- 4.3 The **Associate Director** of Mental Health & Learning Disabilities will inform the Scottish Government of changes to the list to be reported to them as they happen.
- 4.4 The **Associate Director** of Mental Health & Learning Disabilities will provide the Scottish Government of the list on request.
- 4.5 The Medical Director is responsible for providing annual reports to the CMT and to the Board on the Approved List and for seeking approval to add to the list. The Medical Director is also responsible for informing the Board on Medical Practitioners that have been removed from the list.
- 4.5 AMPs are responsible for updating their skills and undertaking refresher training in line with the policy requirements.

5 Education and Training

- 5.1 NES sponsored training is available to all medical practitioners seeking to become approved AMPs.


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6 Implementation, Monitoring and Reviewing

6.1 This policy will be periodically reviewed by the **Associate Director** of Mental Health & Learning Disabilities' operational management team and will be approved by the Corporate Management Team.

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7 Appendices

7.1 Appendix 1: NHS Western Isles Section 22 Approved Medical Practitioners List.

Date approved	Name	Grade	Specialism	Locum (Y/N)	Date removed

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7.2

Appendix 2: Appendix Risk Assessment

Site		Risk Category (See list)	Financial X Clinical X Population Health Physical Organisation X Project Human Resources
Dept/Ward	Mental Health Services	Assessors name (person who documents the risk)	Mike Hutchison
Risk Ref No.		Risk status (active-being reduced, inactive-tolerated, active-escalated)	
Date risk raised	1/5/15	Register for Escalation	
Operation/Activity			<i>Describe the setting and the work being undertaken</i>
Health Board list of Approval Medical Practitioners			
Hazard/s			All hazards associated with the activity should be entered here. e.g. physical hazards, machinery, electricity, working at heights, substances, access, adverse clinical event, equipment, vehicles, etc.
Detention papers ask for confirmation that the medical practitioner detaining the patient is approved under section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003.			
People at Risk			Highlight the people at risk i.e. nursing staff, Domestics, Estates, Visitors, the likely numbers exposed
Patients			
Risk Identified			<i>What is the risk? What might happen? Start with "there is a risk that..."</i>
There is a risk that the absence of a governance framework around s22 approval could result in patients being detained and/or treated unlawfully and could be a violation of their human rights. There is a risk that without the requisite policy NHS Western Isles will be unable to evidence the governance arrangements around safe care vis-a-vis patients who are subject to detention/treatment/restriction orders.			
Current Control Measures			<i>List current and interim control measures, including physical controls but do not forget to include other controls including safe working, policies, procedures, information, instruction and training</i>
No effective control measures in place. Previous measures were person dependant with 'local' knowledge leaving the organisation with individuals.			


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a) CURRENT STATE

QUANTIFICATION OF RISK RATING WITH CURRENT CONTROL MEASURES IN PLACE

Likelihood	3	x	Severity	4	=	Risk Rating	12	Estimate of likelihood and severity Refer to key below, and to the Risk Quantification Criteria. Select numbers according to the likelihood and severity. Enter the numbers at a and at b, multiply them together and record the resultant risk rating at c.
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RISK QUANTIFICATION - KEY

LIKELIHOOD (a)		SEVERITY (b)		RISK RATING (c)	RISK COLOUR	See RISK QUANTIFICATION CRITERIA
1	Rare	1	Negligible	1 to 3 = Low	(Green)	 C:\Risk Quantification Criteria
2	Unlikely	2	Minor	4 to 9 = Medium	(Yellow)	
3	Possible	3	Moderate	10 to 16 = High	(Orange)	
4	Likely	4	Major	17 to 25 = Very High	(Red)	
5	Almost certain	5	Extreme			

Current Control Measures <i>(Please mark appropriate box with an X)</i>	Wholly Inadequate	Weak/Require Strengthening	Satisfactory
--	-------------------	----------------------------	--------------

With these controls, are the risks at a level that is as low as reasonably practicable? (Yes or No)	
---	--

If the answer to the above question is NO, please continue to b) and complete a Risk Control Action Plan

b) FUTURE STATE

Risk Control Action Plan <i>(Complete if further control measures required. Use one row per action)</i>	Who will do it <i>(name)</i>	When will action be completed by <i>(estimate date)</i>	Dependencies <i>(give details e.g. * Financial – amount * Resources – people or equipment * Commitment/priority)</i>
Develop a policy on s22 Approved Medical Practitioner list	M Hutchison	30/8/2015 2020	Time Competing priorities

Risk Control Action Plan Costs <i>(Please mark appropriate box with an X and specify total estimated cost)</i>	Under £5000		<u>Amount £</u>	Over £5000		<u>Amount £</u>
---	-------------	--	-----------------	------------	--	-----------------

Can the Risk Control Action Plan be implemented locally? Yes or No, or Partially	
--	--

QUANTIFICATION OF TARGET RISK RATING WITH RISK CONTROL ACTION PLAN IMPLEMENTED

Likelihood	1	x	Severity	4	=	Risk Rating	4	Estimate of likelihood and severity Refer to key below, and to the Risk Quantification Criteria. Select numbers according to the likelihood and severity. Enter the numbers at a and at b, multiply them together and record the resultant risk rating at c.
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Risk Assessor: <i>(Print Name)</i>	Mike Hutchison	Signature:		Date:	2/6/15
Service Head / Nominated Deputy <i>(Print Name)</i>	Mike Hutchison	Signature:		Date:	2/6/15

c) PERIODIC REVIEW

REVIEW THE RISK EVERY THREE MONTHS. UPDATE TO REFLECT CURRENT STATUS

Review Date					
Reviewer					
Action					

Send copy of completed Risk Assessment to Line Manager for inclusion on the Ward/Department/Unit Risk Register

Date Sent:		Line Manager Name:	
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7.3 Appendix 3: AMP Proforma



SUMMARY						
Date placed on s22 AMP list						
Date training complete	MCQ				Day 2	
Date Refresher Completed	Year 5	Year 10	Year 15	Year 20	Year 25	Year 30
Date removed from s22 AMP list						

APPROVED MEDICAL PRACTITIONER PROFORMA

NAME	
TITLE	
POSITION	
CONTRACT START DATE	
CONTRACT END DATE (if known)	

Section 1: Application requirements for s22 AMP approval

Checks completed by Associate Director of Mental Health & Learning Disabilities

		Check /Initials
Are they a Member or Fellow of the Royal College of Psychiatrists?	Yes No	<i>Copy of certification required</i>

OR

Do they have four years of continuous experience in the speciality of Psychiatry and is sponsored by the Medical Director?	Yes N/A	<i>Evidence of sponsorship required.</i>
--	------------	--

AND

Have they completed the first part of the AMP training by passing the MCQ self assessment?	Yes No	<i>Copy of certification required</i>
Date training completed	Date:	
Have they completed day 2 of the AMP training?	Yes No	<i>Copy of certification required</i>
Date training completed	Date:	

Checks completed by Head of Mental Health & Learning Disabilities or their authorised deputy.

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Name: _____

Title: _____ Date: _____

Section 2:

Authorisation by Medical Director

		Check /Initials
Authorisation approved:	<i>Yes</i> <i>No</i> <i>If "No" please state the reason</i>	
Date AMP approved & placed on register	<i>Date:</i>	
Review date	<i>Date:</i>	
Has a letter of authorisation been written?	<i>Yes</i> <i>No</i> <i>Copy of approval letter required</i>	
Has the information been noted to the Scottish Government?	<i>Yes</i> <i>No</i> <i>Copy of notification letter required</i>	
Reminder letter due	<i>Date:</i>	
Has a deregistration letter been written?	<i>Yes</i> <i>No</i> <i>Copy of notification letter required</i>	

Completed by the Medical Director or their authorised deputy.

Name: _____

Title: _____

Date: _____

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Section 3 :AMP Refresher Training.

Checks completed by Associate Director of Mental Health & Learning Disabilities

		Check /Initials
Have they attended the 1 day refresher AMP training?	<i>Yes</i> <i>No</i>	<i>Copy of certification required</i>
Date training completed	<i>Date:</i>	
Date refresher required	<i>Date:</i>	

Checks completed by Head of Mental Health & Learning Disabilities or their authorised deputy.

Name: _____

Title: _____ Date: _____

Completed by the Medical Director or their authorised deputy.

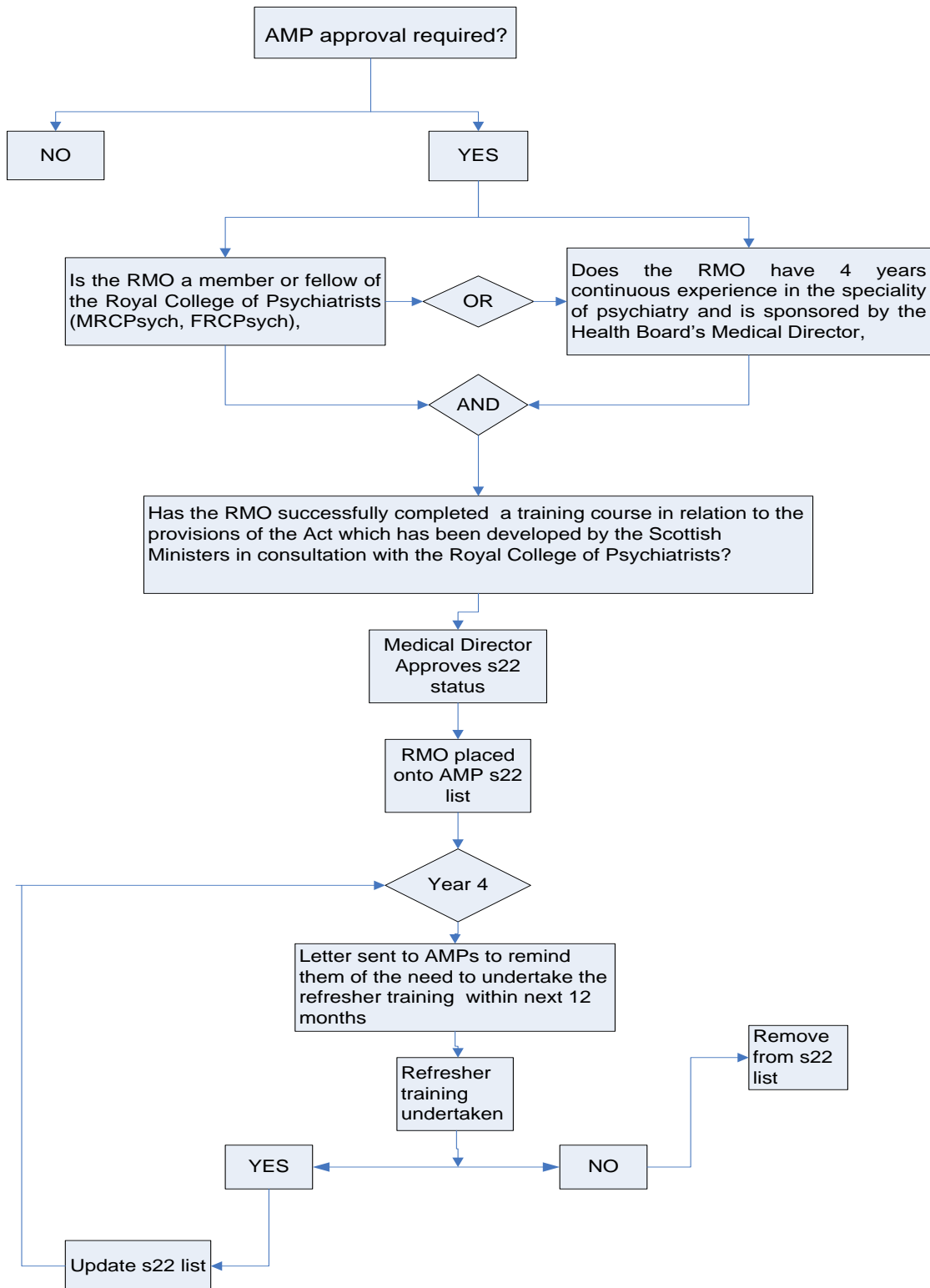
Name: _____

Title: _____

Date: _____

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7.4 Appendix 4: Flowchart



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7.5 Appendix 5: Audit Checklist

AUDIT CRITERIA	C	N/C	O	COMMENTS
The Policy document is present in all locations required, and is the current version				<ul style="list-style-type: none"> • Medical Director office • Chief Executive Office (Business Manager) • Clinical Lead • Consultant Psychiatrists • Associate Director of MH& LD office
Staff know where the document is located and can access it				Copy of policy sent to identified areas (above)
Staff can demonstrate a working knowledge of the document				Knowledge holders are: <ul style="list-style-type: none"> • Associate Director of MH& LD office • Medical Director • Business Manager • Consultant Psychiatrists/AMPs
Add audit criteria as required				

KEY:

C Compliance N/C Non-compliance O Opportunity for improvement

Auditor's Signature

Mike Hutchison

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