

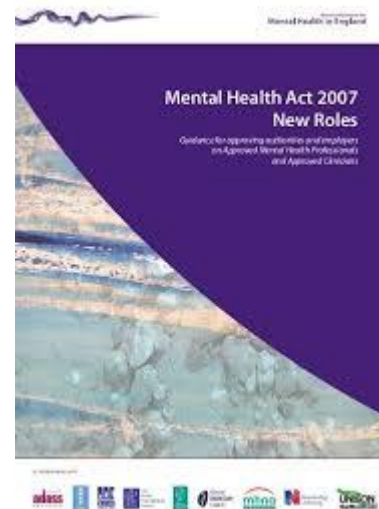
New Ways of Working and Extended Roles: The “non-medical” Responsible Clinician

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What is an Approved/Responsible Clinician?

Responsible Medical Officer (MHA 1983)

MHA 2007 – New Roles



Approved Clinician and Responsible Clinician
(Nurses, Psychologists, Social Workers,
Occupational Therapists)

What is an Approved/Responsible Clinician?

“A person approved by the appropriate national authority to act as an approved clinician for the purposes of the Mental Health Act 1983”.

“An RC is the AC who has been given overall responsibility for a patient’s case. ACs who are allocated as RCs will undertake the majority of the functions previously performed by Responsible Medical Officers (RMOs)”

New Roles, 2007

Responsibilities of the Responsible Clinician

- Authority to grant Section 17 leave for patient liable for detention
- Supervised community treatment order and the power to initiate a community treatment order with the agreement of an AMHP a Community Treatment order (17a)
- Authority to recall from Section 17 leave or a Community Treatment order.
- Authority to revoke a CTO, (17f).
- Authority to renew the authority to detain patients (detained on a section 3, 37)
- Authority to renew a Community Treatment Order

Responsibilities of the Responsible Clinician cont.

- Power to discharge a patient from detention, guardianship or a CTO (sec 23)
- Risk assessments
- Associated powers and duties related to medical treatment including consent (section 63 emergency treatment)
- Interface with multidisciplinary team
- Hospital Managers and Mental Health Act Tribunal reports
- Present evidence at hearings
- CPA reviews and 117 meetings
- Powers to issue a barring report to prevent discharge by nearest relative
- Duty to report to the Ministry of Justice on the condition of offender patient subject to restrictions(s 41, 49/3- prison transfer)
- Power and duties under parts 4 and 4a in relation to the administration of medical treatment.

How do you become Approved?

The portfolio route

1. A comprehensive understanding of the roles, legal responsibilities and key functions of the AC and RC
2. An applied knowledge of the legal and policy
3. Assessment
4. Treatment
5. Care planning
6. Clinical Leadership and MDT working
7. Equality and Diversity
8. Communication

Must have two statutory reports, supporting statements, care plans, risk assessments, reflections, appraisal, case commentaries, testimonies, capacity assessments

The National Picture

AC APPROVAL PANEL AREA	PSYCHOLOGISTS	NURSES	OTs	SOCIAL WORKERS	NON-MEDIC AC TOTALS	GROSS No. OF ACs both non-medic and psychiatrists
North of England (As of 20/2/19)	21	11	0	0	32	1754
Midlands and East (As of July 2019)	5	6	0	3	14	1785
London (As of Oct 18)	3	0	1	0	4	1538
Winterhead (S.East/S.West) (As of Oct 18)	6	4	0	0	10	1504
Wales (As of Oct 18)	6	3	1	1	11	398
TOTAL	41	24	2	4	71	6979

National Survey 2018

- Mainly Psychologists and Nurses
- Limited uptake (56)
- Offer a different, more recovery–focussed approach
- Clinical leaders who can influence approaches to care
- Process of approval “burdensome”
- Around 18 months to complete
- Lack of clear national and organisational plans

“Being a non–medical RC has its advantages. I approach people from a nursing position first, a medical view second. I have managed many difficult cases and been able to form and maintain good therapeutic relationships with people who traditionally struggle talking to a consultant.”

(Oates et al, 2018)

How does it work in practice?

- 11 bed male PICU
- MDT – Medics, Nurses, OTs, Psychologist, HCSW, AP, Pharmacist
- 0.5 wte Consultant Psychiatrist
- Daily MDT reviews
- Upon admission allocated Nurse RC

“The selection of the most appropriate responsible clinician should be based on the individual needs of the patient”

Evaluation

Qualitative survey of staff
25 anonymous responses
All disciplines
Overall highly positive

Since the inception of this new role, patient care has become more fluid, offering our clients a more inclusive treatment plan, which in turn has aided a more rapid therapeutic recovery.

Patient feedback has been positive
Carer feedback also positive

Advantages

- Increased accessibility
- Increased flexibility
- More responsive
- Improved MDT/holistic practice
- Provides an opportunity to develop professionally
- Promotes Nursing as a profession

Challenges

- Maintaining Nursing identity
- Increased accessibility can cause difficulties
- Respect?
- Communicating to patient /carers as to why the Nurse is RC
- Change of power in the nurse /patient relationship
- Establishing and then maintaining patient relationships after difficult decisions

How to do it

- New roles 2007
- HEE guidance
- Guidance for seeking Approved Clinician status via the portfolio route
- A clearly defined role
- Support
- Portfolio workshops
- UCL CPD course
- MPAC network

Any questions?