### Attachment 1: Example AMHS Procedures for Appointment of Authorised doctors and Authorised Mental Health Practitioners

Procedure for Appointment of Authorised Mental Health Practitioners

XXXX Authorised Mental Health Service

#### Purpose

1. This procedure sets out the processes for appointment of Authorised Mental Health Practitioners (AMHPs) at the XXXX Authorised Mental Health Service (AMHS).

#### Context

1. Legislative requirements for the appointment of AMHPs are set out in Chapter 11 Part 4 of the *Mental Health Act 2016*.
2. The Chief Psychiatrist Policy on Appointment of Authorised doctors and AMHPs is mandatory for all AMHSs and for all AMHS staff and requires the AMHS administrator to document processes and requirements for the appointment of these practitioners.

#### Procedure

##### Appointment of authorised mental health practitioners

1. AMHPs will be appointed by the [position title e.g. Executive Director, Mental Health Service, XXXX HHS] as administrator for the XXXX AMHS. (NB: The administrator’s powers, including appointment of AMHPs, may be exercised by a person temporarily acting in the position that is appointed to be the AMHS administrator.)
2. Applications for appointment are to be made using the Application for appointment as AMHP template at Attachment A.
3. All components of the *Mental Health Act 2016* eLearning modules relevant to the functions of an AMHP **must** be completed. Verification of the health practitioner’s satisfactory completion of the eLearning modules **must** be provided with the recommendation. The eLearning refresher course requires completion every two years.
4. Applications are to be reviewed by the relevant Team Leader or Nurse Unit Manager prior to submission to the administrator. The Team Leader/Nurse Unit Manager is accountable for verifying that the applicant satisfies the competencies for appointment.
5. On appointment, the administrator will provide the appointee with the *Instrument of appointment*. A copy of the *Instrument of appointment* is to be retained on the appointee’s human resource file.
6. The administrator will notify the [position title e.g. Mental Health Act Administration Officer] of all appointments for registering in the Consumer Integrated Mental Health and Addiction (CIMHA) application.
7. Team Leaders and Nurse Unit Managers are accountable for ongoing oversight of the statutory functions exercised by appointees to ensure compliance with legislative, policy and operational requirements.

##### Team Leaders and Nurse Unit Managers must advise the administrator in writing in circumstances where the Team Leader/Nurse Unit Manager believes the appointee ceases to meet the appointment requirements or is no longer required to undertake the functions, powers and duties of an AMHP.

##### Cessation of appointment of authorised mental health practitioners

1. The circumstances in which an AMHP appointment ceases are set out in the Act and the *Instrument of appointment*.
2. Revocations of appointment by the administrator will be in writing and will be provided to the appointee.
3. With the exception of appointments that cease at the end of a specified term, a written record of the date of, and reasons for, the cessation of appointment is to be retained on the person’s human resource file (e.g. written advice from appointee that a condition of appointment is no longer satisfied or the person’s resignation from office).
4. The [position title e.g. Mental Health Act Administration Officer] is responsible for ending the practitioner’s appointment status in CIMHA:

* At the end of a specified term of appointment (unless a further appointment has been made by the administrator)
* on the administrator’s advice that the person has ceased to be an AMHP.

##### Review of register of appointments

1. The [position title e.g. Mental Health Act Administration Officer] will undertake a review of persons registered as AMHP’s at the XXXX AMHS in March of each calendar year.
2. The [position title] will liaise with Team Leaders and Nurse Unit Managers as required to ensure the register is accurate and up to date (e.g. to ensure that there have been no oversights in removing individuals from the register on termination of employment with the Mental Health Service).

#### Resources

* [*Mental Health Act 2016*](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2016-005)
* *Chief Psychiatrist Policy: Appointment of Authorised doctors and Authorised Mental Health Practitioners*
* [Queensland Centre for Mental Health Learning eLearning Courses](https://www.qcmhl.qld.edu.au/course/index.php?categoryid=2)

Application for appointment as Authorised Mental Health Practitioner

XXXX Authorised Mental Health Service

#### Part A – To be completed by applicant

1. *Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
2. *Position title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
3. *Team/Unit:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I am a ‘health practitioner’ as defined under the *Mental Health Act 2016*

1. Profession:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. AHPRA registration number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and registration expiry date
3. \_\_\_\_\_\_\_\_\_\_\_
4. (Not required for social workers)

* I have \_\_\_ years clinical experience in mental health service delivery
* I have attached the Proof of Completion for the *Mental Health Act 2016* authorised

1. mental health practitioner training.
2. Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Part B – To be completed by line manager

1. *Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
2. *Position title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
3. *Team/Unit:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I have been the applicant’s line manager since \_\_\_\_\_\_\_\_\_\_\_\_
* I am able / unable to verify that the applicant has the competencies required for appointment as an authorised mental health practitioner. Specifically:
  + the applicant has / has not demonstrated substantial clinical expertise in the examination and assessment of persons suspected of having a mental illness, Chief Psychiatrist Policy – Appointment of authorised doctors and authorised mental health practitioners and knowledge of the treatment and care of persons with a diagnosed mental illness
  + the applicant has / has not demonstrated substantial knowledge of the *Mental Health Act 2016* and Chief Psychiatrist policies relevant to the powers, functions and responsibilities of an authorised mental health practitioner.

1. Additional comments:
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Part C – To be completed by Administrator

1. *Name:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. The applicant’s appointment as an authorised mental health practitioner is approved / not approved
3. *Additional comments (including any specific limitations and conditions to be included in the instrument of appointment):*
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedure for Appointment of Authorised doctors

XXXX Authorised Mental Health Service

#### Purpose

1. This procedure sets out the processes for appointment of authorised doctors at the XXXX Authorised Mental Health Service (AMHS).

#### Context

1. Legislative requirements for the appointment of authorised doctors are set out in Chapter 11 Part 4 of the *Mental Health Act 2016*. The Chief Psychiatrist Policy on Appointment of Authorised doctors and Authorised Mental Health Practitioners (AMHP) is mandatory for all AMHS and requires the AMHS administrator to document processes and requirements for appointment of authorised doctors.

Procedure

##### Appointment of authorised doctors

1. Authorised doctors will be appointed by the [position title e.g. Executive Director, Mental Health Service, XXXX HHS] as administrator for the XXXX AMHS.
2. (NB: The administrator’s powers, including appointment of authorised doctors, can be exercised by a person temporarily acting in the position that is appointed to be the AMHS administrator.)
3. Recommendations for appointment are to be made by the Clinical Director or a Consultant Psychiatrist using the *Recommendation for authorised doctor appointment* template at Attachment A.
4. The Clinical Director/Consultant Psychiatrist is accountable for verifying that the doctor satisfies the competencies for appointment and, where relevant, recommending any conditions or limitations for the appointment.
5. Verification of the doctor’s satisfactory completion of the *Mental Health Act 2016* eLearning modules **must** be provided with the recommendation. The eLearning refresher course requires completion every two years.
6. If a doctor does not complete the eLearning modules in full, the appointment will be limited i.e. the appointment will be limited to authorised doctor functions relevant to the eLearning modules that have been completed.
7. The [position title] is responsible for confirming the doctor’s registration under the Health Practitioner Regulation National Law and, where relevant, that the registration meets the statutory definition for ‘psychiatrist’.
8. On appointment, the administrator will provide the appointee with the *Instrument of appointment.* A copy of *the Instrument of appointment* is to be retained on the appointee’s human resource file.
9. The administrator will notify the [position title e.g. Mental Health Act Administration Officer] of all appointments for registering in the Consumer Integrated Mental Health and Addiction (CIMHA) application.
10. The Clinical Director/Consultant Psychiatrist is accountable for ongoing oversight of the statutory functions exercised by appointees to ensure compliance with legislative, policy and operational requirements.

The Clinical Director/Consultant Psychiatrist **must** advise the administrator in writing in

circumstances where the Clinical Director/Consultant Psychiatrist believes the practitioner ceases to meet the appointment requirements.

##### Cessation of appointment of authorised doctors

1. The circumstances in which an authorised doctor appointment ceases are set out in the Act and the Instrument of appointment.
2. Revocations of appointment by the administrator will be in writing and will be provided to the appointee.
3. With the exception of appointments that cease at the end of a specified term, a written record of the date of, and reasons for, the cessation of appointment is to be retained on the person’s human resource file (e.g. written advice from appointee that a condition of appointment is no longer satisfied or the person’s resignation from office, revocation of appointment by the administrator).
4. The [position title e.g. Mental Health Act Administration Officer] is responsible for ending the practitioner’s appointment status in CIMHA:-
5. • at the end of a specified term of appointment (unless a further appointment has been made by the administrator)  
   •on the administrator’s advice that the person has ceased to be an authorised doctor.

##### Review of register of appointments

1. The [position title e.g. Mental Health Act Administration Officer] will undertake a review of persons registered as authorised doctors at the XXXX AMHS in March of each calendar year.
2. The [position title] will liaise with Team Leaders and Nurse Unit managers as required to ensure the register is accurate and up to date (e.g. to ensure that there have been no oversights in removing individuals from the register on termination of employment with the Mental Health Service).

#### Resources

* [*Mental Health Act 2016*](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2016-005)
* *Chief Psychiatrist Policy: Appointment of Authorised doctors and Authorised Mental Health Practitioners*
* [Queensland Centre for Mental Health Learning eLearning Courses](https://www.qcmhl.qld.edu.au/course/index.php?categoryid=2)

Recommendation for Authorised doctor appointment

XXXX Authorised Mental Health Service

#### Part A – Recommendation by Clinical Director or Consultant Psychiatrist

1. I recommend that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be appointed as an authorised doctor and confirm that the competencies required for appointment are satisfied. Specifically, I believe the nominee has demonstrated:

* substantial clinical expertise in the examination and assessment of persons suspected of having a mental illness and the treatment and care of persons with a diagnosed mental illness, and
* substantial knowledge of the *Mental Health Act 2016* and Chief Psychiatrist policies relevant to the powers, functions and responsibilities of an authorised doctor.
* A copy of the Proof of Completion for the *Mental Health Act 2016* authorised doctor training is attached or
* *Mental Health Act 2016* competency requirements have previously been verified at another Authorised Mental Health Service.

1. In addition, I recommend that the appointment be subject to the following conditions or limitations:
2. (Strike out if not applicable)
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Designation: Clinical Director / Consultant Psychiatrist

#### Part B – Verification of medical practitioner registration details

1. AHPRA registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and registration expiry date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. For psychiatrists: The Registration Type is in accordance with the statutory definition of psychiatrist; specifically:

* Specialist (Psychiatry)
* (Categories to be specified on making of Regulation)

1. Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Part C – Administrator decision

1. The applicant’s appointment as an authorised doctor is approved / not approved
2. *Additional comments (including any specific conditions and limitations to be included in Instrument of appointment*):
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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7. Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_