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ADVICE NOTES

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Introduction

Section 230 (1) states that as soon as is reasonably practicable after the occurrence of an appropriate act in relation to a patient, the relevant managers shall appoint an approved medical practitioner (AMP - see below) to be the patient's RMO.

The relevant managers mean the managers of the hospital in which the patient is detained. Usually the function of allocating the RMO is delegated to medical records managers. If in doubt about who is the manager, the clinician should consult with their clinical lead or medical director.

Section 230 (3a) allows the relevant managers to appoint another AMP in place of the existing RMO which for example covers leave and on call rotas.

Section 230 (3b) allows the relevant managers to authorise an approved AMP to act (whether for a particular purpose or in particular circumstances) in place of the patient's responsible medical officer. This could apply where a patient age under 18 has been placed in an adult ward and the RMO is not a child specialist. Another RMO from the specialist CAMHS service could be appointed to issue any T2 required.

Issues that have come to our attention

- Consultants/RMOs should note that they do not have the authority to delegate RMO functions to speciality doctors or senior trainees even if they are AMPs. It is hospital managers who have the authority to delegate these functions. This delegation should be in writing and agreed with medical managers.
- There is always an RMO. Records departments should have a scheme of delegation if the patient's own RMO is unavailable. This is likely to be a cross-covering colleague and, failing that, the duty approved medical practitioner.
- Sometimes there are separate RMOs for hospital and community care. Records departments should have a clear record of who is the RMO at any one time. If a patient from the community is readmitted and the community consultant agrees with the inpatient consultant they should keep RMO responsibility they should ensure the medical records department or relevant managers are aware of this proposal.
- Specialty doctors and specialty trainees who are AMPs are advised to ensure they have in writing from hospital managers that they have the authority to act as an RMO before doing so. Many non-consultant staff do undertake important RMO duties as a

consequence of their seniority or as an essential part of senior training. This is perfectly appropriate but they must ensure they have the legal authority to do so.

Certain functions must be carried out by the patient's RMO and cannot be delegated to an AMP who is not an RMO.

Failure to observe this advice could lead to actions being declared unlawful. The following have led to particular difficulties:

1. Extension of CTOs/COs We found situations where the extension certificate was signed (i.e. "granted" under the Act) by an AMP who was not the RMO. This could make the order challengeable. Another AMP can conduct the examination but cannot sign the certificate unless given the authority to do so by hospital managers.
2. T2 certificates must be issued by the RMO. If authorised by hospital managers, this can be delegate to a speciality doctor or senior trainee who is an AMP. It cannot be delegated to a trainee who is not an AMP.
3. T2 certificates for individuals under the age of 18 In this case, the RMO must be a child specialist. If the individual is on an adult ward and the RMO is not a child specialist, hospital managers can delegate this function to a child specialist AMP.
4. Recall of patient under section 113. This must be done by the RMO (noting the above arrangements for deputising when the individual's own RMO is unavailable). A different AMP they may undertake an examination of the patient on behalf of the RMO for a section 114 certificate. See our thematic advice note on admission of individuals subject to community compulsion for more on this.

Approved Medical Practitioner

This term was introduced in the 2003 Act in Section 22. To act as an AMP a psychiatrist must have the required qualifications and experience and be approved by a Health Board as having special experience in the diagnosis and treatment of mental disorder.

Those who have retired and subsequently take on locum work, and those moving posts or taking up locum work in general are advised to personally check they are on a board list before acting as an AMP. There have been examples of RMOs being removed in error from board lists, and having this drawn to their attention at a tribunal by a patients solicitor.

The AMP list is also available on the Scottish Government website in the public domain. Every month, the Scottish Government produces an updated list of AMPs.

To access this list you can go to the SHOW website at:

Scotland's health on the web publications

In the keyword box, you need to insert the word "approved", hit "go" and then a link to the list will appear underneath.



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