**Substance Addiction (Compulsory Assessment and Treatment) Act 2017**

**Note**: All section references are to the Substance Addiction (Compulsory and Treatment) Act 2017

**Designation of Approved Specialists**

(Section 95)

(1) The Director must designate a sufficient number of health professionals as approved specialists.

(2) Before the Director designates a health professional, the Director must be satisfied that the health professional has significant experience

in the treatment of severe substance addictions and is suitably qualified to conduct specialist assessments and reviews under this Act.

(3) The Director must maintain a list of approved specialists and must ensure that the list is available for public inspection.

(4) The designation of a person as an approved specialist may be suspended or revoked on any of the following grounds proved to the

satisfaction of the Director:

(a) failure to perform adequately the duties imposed on the person in his or her capacity as an approved specialist or a responsible

clinician:

(b) neglect of the duty imposed on the person in his or her capacity as an approved specialist or a responsible clinician:

(c) misconduct:

(d) inability to perform the duties imposed on the person in his or her capacity as an approved specialist or a responsible clinician.

(5) A designation ceases to have effect if the person designated ceases to be a health professional.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I, [full name], the Director of Area Addiction Services for [location]  designate the following health professional as an Approved Specialist at [name of service]   |  | | --- | | **Name and contact details of designated Approved Specialist** |   Last name First names   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | | | | | | | | | | | | | | | | | | | Address | | | | | | | | | | | |  | Postcode | | | | | | | | |  | | | | | | | | | | | |  |  | |  | |  | |  | | |  |  | | | | | | | | | Email address | | |  | Contact phone number | | | | | | | | | | | | | | | | | |  | | |  |  |  |  |  |  |  |  |  | | |  | |  | |  |  | |   S*ection 4, Interpretation*, defines a responsible clinician in relation to a patient, means the “approved specialist” who is assigned to that patient under section 28. As such, a responsible clinician must be a designated approved specialist, although in reality the roles and functions are very different. The following may be useful in determining these roles.  I am designating you to:  Carry out the functions of an approved specialist, notably, assessing a person for specialist assessment as per sections  19-27.  Carry out the functions of a responsible clinician, notably preparing a treatment plan, admission and court review, as per  sections 28-30; arrange compulsory treatment and review as per sections 36-43; and plan for future treatment and care, as  per section 44.   |  | | --- | | [Brief description of any conditions of practice] |   Whilst the Act is silent on the period of time that a specialist assessor is approved for, a period of two years is practicable.  This delegation will therefore be made for a period of two years, and will expire on [date of expiry]  A copy of this document has been provided to the Approved Specialist [full name], at [name of service] |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact details and signature of the Director of Area Addiction Services** | | | | | | | | | | | | | | | | | | | |
| Last name |  | First name | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | |  | Postcode | | | | | | |
|  | | | | | | | | | | | |  |  | |  | |  | |  |
|  |  | | | | | | |
| Email address | | |  | Contact phone number | | | | | | | | | | | | | | | |
|  | | |  |  |  |  |  |  |  |  |  | | |  | |  | |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| Signature |  | Date | | | | | | | |