

GUIDANCE NOTES FOR COMPLETING APPLICATION FOR A RQIA SECOND OPINION APPOINTED DOCTOR (PART IV OF MENTAL HEALTH NI ORDER 1986)

RQIA is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

In fulfilling its functions under Part IV of the Mental Health NI Order 1986, RQIA have a statutory function to appoint a Second Opinion Appointed Doctor.

Medical practitioners who have at least 5 years' experience as a consultant psychiatrist level with specialist experience in the diagnosis or treatment of mental disorder, who meet the conditions set out by RQIA, are eligible to apply for appointment as a SOAD.

The suitability of every applicant is considered individually by the RQIA appointment panel with account taken of the relevant experience, professional standing, training, qualifications and indemnity of the applicant. Appointment to the list is not automatic.

Format of the Application

Please complete the application form electronically or legibly in block capitals using black ink otherwise the form will be returned to you:

PART A	<p>1.0 Information About the Medical Practitioner</p> <p>Please complete in full</p>
	<p>2.0 Details of Previous Relevant Consultant Psychiatric Appointments</p> <p>Please provide details of any previous relevant consultant psychiatric positions held, use continuation sheet if required</p>
Part B	<p>3.0 Classification of Medical Practitioner</p> <p>Please tick the appropriate box at each section providing an explanatory comment as necessary.</p>
	<p>4.0 Documents to be Supplied by the Applicant</p> <p>All documents in relation to the appointment listed on the application form should be submitted to RQIA by email to part11@rqia.org.uk</p> <hr/> <p>It is the responsibility of the applicant to submit the required documentation to allow the RQIA appointment panel to consider the application. Should the applicant fail to do so, the appointment panel will not be able to progress the application.</p>
	<p>5.0 Information Required Under the Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979</p> <p>Please tick the appropriate box at each section providing an explanatory comment as necessary.</p>

	<p>6.0 Declaration of being subject to any current fitness to practice proceedings with professional regulatory body</p> <p>Please complete in full and provide any details as necessary.</p>
	<p>7.0 Referee</p> <p>A referee form should be completed by a medical director or the medical directors authorised nominee, who can be an associate medical director or a clinical director or responsible officer (if independent medical practitioner).</p> <p>Please ensure you ask your referee to complete the reference template (F2) and ensure this is attached to your application form.</p>
	<p>8.0 Declaration</p> <p>Please print, date and sign the application form.</p>
	<p>Please use the continuation sheet for any additional relevant information.</p>

Submission of Application

The **completed application form and all other required documentation** should be **emailed** to part11@rqia.org.uk ensuring that all required completed documentation has been attached.

Identification documents required by AccessNI

The identification documents required by AccessNI differ from the requirements for identification documents by RQIA. It is important that you enclose the relevant documents as failure to do so will result in your application being returned to you:

- Please provide three documents in the name of the applicant; one from Group 1 and two from Group 2 (see table below);
- If this is not possible, then five documents from Group 2 must be produced;
- At least one of these documents must include photographic identification.

GROUP 1		GROUP 2	
<input type="checkbox"/>	Valid Passport	<input type="checkbox"/>	Marriage certificate/ Civil Partnership Certificate
<input type="checkbox"/>	UK Driving License Full or Provisional – England/Wales/Scotland/Northern Ireland/Isle of Man; either photo card or paper a photo card or paper (a Photo card is only valid if accompanied with the paper counterpart)	<input type="checkbox"/>	Non-original UK birth certificate (issued after 12 months of date of birth, full or short form acceptable)
<input type="checkbox"/>	Original UK birth certificate (issued within 12 months of date of birth, full or short form acceptable)	<input type="checkbox"/>	P45/P60 statement
<input type="checkbox"/>	Valid photo identity card (EU countries only)	<input type="checkbox"/>	Utility bill (electricity, gas, water, telephone – including mobile phone contract/bill)
<input type="checkbox"/>	UK Firearms license	<input type="checkbox"/>	Valid TV license
<input type="checkbox"/>	HM Forces ID card (UK)	<input type="checkbox"/>	Credit card statement
<input type="checkbox"/>	Adoption Certificate (UK)	<input type="checkbox"/>	Store card statement
<p>* documentation must be less than 3 months old</p> <p>** documentation must be issued within the last 12 months</p>		<input type="checkbox"/>	Mortgage Statement
		<input type="checkbox"/>	Valid insurance certificate
		<input type="checkbox"/>	Certificate of British nationality
		<input type="checkbox"/>	British work permit/visa **
		<input type="checkbox"/>	Asylum Registration Card
		<input type="checkbox"/>	AccessNI Disclosure Certificate
		<input type="checkbox"/>	Personal correspondence or a document from a Government Department *
		<input type="checkbox"/>	Bank or Building Society Document **
		<input type="checkbox"/>	Financial statement e.g. pension, endowment, ISA **
		<input type="checkbox"/>	Valid vehicle registration document
		<input type="checkbox"/>	Mail order catalogue statement*
		<input type="checkbox"/>	Court summons
		<input type="checkbox"/>	Valid NHS card
		<input type="checkbox"/>	Court Claim Form
		<input type="checkbox"/>	Addressed pay slip*
		<input type="checkbox"/>	National insurance number card
		<input type="checkbox"/>	Examination certificate (e.g. GCSE, NVQ)
		<input type="checkbox"/>	Letter from a Head Teacher*
		<input type="checkbox"/>	Child Benefit book
		<input type="checkbox"/>	Smart pass

