

SMR form – Request for retention of mental health officer (MHO) and or Special Class (SC) status on promotion to a managerial role.

Please read the MHO and or SC status factsheets before completing this form.
The form **must not** be passed to the employee to complete.

Member's full name	<input type="text"/>
Member's SD number	<input type="text"/>
Member's job title	<input type="text"/>
Employing authority (EA) name	<input type="text"/>
EA Code	<input type="text"/>
EA ref number	<input type="text"/>
Employment start date	<input type="text"/> / <input type="text"/> / <input type="text"/>
End date/last update	<input type="text"/> / <input type="text"/> / <input type="text"/>

Status claimed

SC status

MHO status

Status claimed from / / to / /

Retention of either status can only be considered by us, on the provision of a fully completed SMR form and supporting information provided by the employer.

Note - This form **must not** be used for MHO queries relating to the following grades:

- Trainee / qualified Clinical Psychologists – refer to the **SM215**.
- Automatic grades nursing (non-managerial) and doctors – refer to the **SM333**.
- All other non-managerial grades – refer to the **SM1**.

To enable us to investigate SC and / or MHO status for this employment, please select from the options provided.

You must also provide sufficient supporting information to enable appropriate consideration by us (see **Supporting information** at the end of this form).

SD number

Option 1 – SC status for managerial positions up to Director of Nursing or equivalent

This option is only applicable to members who are qualified to practice as nurses, midwives, physiotherapists or health visitors **and** who held SC status in a previous role.

Please refer to the Special Class factsheet which confirms the eligibility criteria which must be satisfied.

For the position named on page 1 please confirm the following:

Q1 Is this person qualified to practice as a **registered** nurse, midwife, physiotherapist or health visitor? Yes No

Please state which of these professions applies to this person

Q2 Can this person's role **only** be undertaken by someone who is registered and qualified to practice in the above profession? Yes No

If **No**, what other types of health professionals could occupy this person's role?

Q3 Does this person's role involve the provision of professional advice or responsibility for the commissioning or delivery of services that relate directly to their profession above? Yes No

Q4 Is it an essential requirement for this person to maintain their professional clinical registration in this role (NMC for example, as applicable)? Yes No

Q5 Do the responsibilities of this role enable this person to maintain / re-validate their professional registration? Yes No

As the employer, we make the following recommendation for the position named on page 1.

SC status Recommended Not recommended

I have read and understand the guidance provided in the Special Class factsheet.

I certify that the above information is correct and supported by documentary evidence (see **Supporting Information** at the end of this form).

I understand that it may be an offence to knowingly give false information or alter documentation for the purpose of gaining SC/MHO status for a Scheme member.

Your name

Official position

Date / /

SD number

Option 2 MHO status for managerial positions up to Director of Nursing or equivalent

This option is only applicable in circumstances where a member has moved directly from a clinical role in which they held MHO status to a related managerial position within mental health services. For any other circumstances, please refer to the MHO factsheet and consider if an application via form SM1, SM333 or SM215, is applicable.

For the position specified on page 1, please confirm the following:

Q1 Has this person been appointed to a managerial role within their relevant profession (nursing, psychology, therapy for example)? Yes No

Q2 Does this person's role relate wholly to mental health services? Yes No

If **No**, what proportion of their role relates to mental health services?

Q3 Does this person have managerial responsibility for staff in roles that would meet the conditions for MHO status, meaning this person continues responsibility for the treatment or care of patients who are mentally ill? Yes No

Q4 Are this person's mental health qualifications or experience relevant to their previous MHO role essential requirements of this role? Yes No

Q5 Does this person's role include a caseload of patients? Yes No

If **Yes**, what proportion of their role involves direct treatment or care?

Q6 Does this person's role involve the provision of professional advice to organisations responsible for the commissioning or delivery of mental health services? Yes No

Q7 Does this person's role involve the setting and monitoring of standards of psychiatric care or the training of staff engaged in this type of service? Yes No

As the employer, we make the following recommendation for the position named on page 1.

MHO status Recommended Not recommended

I have read and understand the guidance provided in the mental health officer factsheet.

I certify that the above information is correct and supported by documentary evidence (see **Supporting Information** at the end of this form).

I understand that it may be an offence to knowingly give false information or alter documentation for the purpose of gaining SC/MHO status for a Scheme member.

Your name

Official position

Date

Supporting information

For the SC or MHO application being submitted, please provide the relevant job description, person specification and organisational chart.

The content of the job description / specification should clearly demonstrate the answers you provided in this form, so that this person's eligibility position can be established.

If the job description / person specification is generic in nature or if it relates to a number of different roles within a multi-disciplinary team, please provide further evidence that confirms the specification of **this person's role**.

We will consider evidence of a formal nature, such as written statements of this person's responsibilities from their senior manager or the relevant Head of Department or Directorate.

Please ensure that sufficient evidence is provided to enable appropriate consideration by us.

Applications may be rejected if this form is incomplete or the eligibility position cannot be firmly established from the information provided.

Next steps

Please forward this form and all supporting evidence to us. If sending via e-mail, please send your request to: nhsbsa.eainforequest@nhs.net

We will consider your application based upon the information you provide and this person's individual circumstances.

All decisions are made individually and are not influenced by decisions reached for other members.

We will inform you of our decision once our consideration is complete. When you receive confirmation our decision you **must** notify the member as soon as possible.