

Extending the role of Approved Clinician (AC) and Responsible Clinician (RC) to speech and language therapists

Advancing multidisciplinary leadership in mental health care

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Executive summary

The roles of Approved Clinician (AC) and Responsible Clinician (RC) are essential in the mental health system, as these professionals are responsible for assessment, care, treatment and decision-making for individuals detained under the Mental Health Act 1983.

Currently, while some non-medical professionals are eligible to train as ACs and be appointed as RCs, speech and language therapists are excluded. The Royal College of Speech and Language Therapists (RCSLT) strongly advocates for amending the eligibility criteria to include speech and language therapists.

Speech and language therapists bring unique expertise in communication, cognition and swallowing, which are key factors in mental health assessments and care. Already operating as autonomous clinical leaders in complex mental health settings, speech and language therapists are well-equipped to undertake the statutory responsibilities of AC and RC roles.

Expanding eligibility to include speech and language therapists in AC and RC roles would address workforce challenges, enhance clinical diversity, improve service user outcomes, and reduce health inequalities. Additionally, it would support the successful implementation of reforms to the Mental Health Act and build a more sustainable workforce for the future.

This change would also create career progression opportunities for experienced speech and language therapists, bridge gaps in service provision, and enhance the quality of care for individuals with complex needs.

The RCSLT is confident that our members working in mental health services will embrace these roles once available, and we will provide support and guidance to help applicants navigate and understand the process.

Rationale for expansion

Historically, the roles of ACs and RCs were primarily filled by psychiatrists. However, the 2007 amendments to the Mental Health Act broadened eligibility to include other non-medical multidisciplinary professionals.

Currently, only a select group of non-medical healthcare professionals, including nurses, occupational therapists, psychologists and social workers, are eligible to train as ACs and take on RC responsibilities.

Despite this, uptake of the AC/RC role by non-medical professionals has remained limited, with only 0.01% of these roles currently filled by such professionals. In 2018 there were fewer than 60 non-medical Approved Clinicians, compared to over 6,000 medical Approved Clinicians. This shortfall has contributed to gaps in service delivery and delays in patient care.

The Government in 2023 set a target of training of more than 1,000 additional Approved Clinicians, with a focus on multi-professional Approved Clinicians to significantly enhance quality

of care by matching clinical specialism to service user needs and improving access to services.

Expanding the AC/RC eligibility to include speech and language therapists would help fulfil the original purpose of promoting multidisciplinary leadership, increasing capacity, and incorporating diverse expertise into mental health care.

Speech and language therapists are well placed to meet this objective. As senior members of multidisciplinary teams, speech and language therapists have extensive experience in clinical decision-making, delivering treatment, and managing risk in mental health contexts. Including them in AC/RC roles would enhance access to appropriately skilled clinicians, particularly for service users with complex communication, cognitive, and swallowing needs.

Speech and language therapists: skills and expertise

Speech and language therapists play a vital role in mental health services by addressing communication, cognition, and swallowing difficulties—core components of many mental health presentations. These factors often impact a person's risk profile, daily functioning, and ability to engage with care.

Speech and language therapists work across the lifespan in a wide range of settings, including inpatient units, community teams, forensic services, CAMHS (Child and Adolescent Mental Health Services), and secure environments. Their contributions are increasingly recognised in national policy and workforce documents, including the Long-Term Workforce Plan, NICE guidelines, and mental health secure service specifications.

During acute mental health episodes, communication challenges can severely impair a person's ability to engage with their care, understand their rights, and express their needs. Speech and language therapists would bring valuable expertise to AC and RC roles, where communication is critical to decision-making.

Their unique skill set enhances that of other clinical leaders, making them particularly well-suited to support individuals with overlapping needs. For example, speech and language therapists often take a central role in managing service users with mental health issues compounded by communication or swallowing difficulties and lead complex, sensitive decisions in multidisciplinary teams – such as "eating and drinking at risk" discussions.

As Responsible Clinicians, speech and language therapists would bring specialised value to cases where communication or swallowing issues are central to treatment. Their holistic approach incorporates medical, psychological, social, and functional factors, ensuring comprehensive care.

Additionally, speech and language therapists are skilled in complex decision-making, conducting detailed assessments, formulating treatment plans and managing clinical risk. They are highly skilled in applying the Mental Capacity Act and making best interest decisions.

Speech and language therapists are essential in AC and RC role due to their expertise in applying biopsychosocial formulations and deliver non-pharmacological interventions, which are crucial to

holistic decision-making under the Mental Health Act. Their practice aligns with NICE guidance and the STOMP/STAMP agenda, ensuring that individuals with learning disabilities and/or autism receive appropriate, evidence-based care. Given the high prevalence of autistic individuals in inpatient services, speech and language therapy leadership in AC/RC roles is essential for improving clinical outcomes, reducing health inequalities, and ensuring effective decision-making around patient care planning.

Benefits of expanding eligibility for AC/RC roles to speech and language therapists

Expanding eligibility for RC/AC roles to include speech and language therapists offers a wide range of benefits across workforce development, clinical care, and patient outcome, including:

- **Broader clinical representation:** Including speech and language therapists in AC/RC roles would enhance multidisciplinary leadership, ensuring that statutory roles reflect the full range of expertise required to meet the complex and evolving needs of mental health service users.
- **Addressing workforce challenges:** Expanding eligibility would help alleviate workforce shortages by increasing the number of professionals who can fulfil these roles. This is critical given the increasing pressure on mental health services.
- **Optimising workforce potential:** Speech and language therapists already function as autonomous clinicians and frequently lead on care planning, risk management and formulation. Enabling them to become AC/RCs would maximise the potential of the existing workforce and support a more flexible, modern and sustainable mental health system.
- **Individualised patient-centred care:** The inclusion of speech and language therapists in AC/RC roles would improve the personalisation of treatment plans, particularly for people with neurodivergence, learning disabilities, or co-occurring communication and swallowing conditions.
- **Safer, more accurate clinical decisions:** Speech and language therapists provide insight into communication and cognitive function—critical components for clinical risk, engagement, consent and capacity. Their expertise ensures that decisions under the Mental Health Act are clinically robust and legally sound.
- **Informed treatment planning:** Speech and language therapists in AC/RC roles would lead on selecting and coordinating appropriate interventions, ensuring that treatment and interventions aligns with each patient's needs, understanding, and preferred communication strengths.
- **Improved discharge planning:** Speech and language therapists can help reduce discharge delays by identifying and addressing communication-related barriers to independence, service navigation and community reintegration. This supports safe

coordinated transitions and avoids unnecessary extensions of detention.

- **Meaningful patient involvement:** Speech and language therapists enable service users to participate actively in their care—understanding information, expressing views, and making informed decisions, thereby enhancing autonomy and supporting capacity, consent and co-production.
- **Reducing risk:** Without speech and language therapy leadership, communication and cognitive difficulties may be overlooked, leading to disengagement and inappropriate use of restrictive or psychological interventions. Having speech and language therapists in AC/RC roles ensures this crucial expertise informs care decisions at the highest level, reducing harm and improving safety.

Career development and workforce retention

Extending the AC/RC roles to speech and language therapists would create new opportunities for career progression within the profession. Currently, pathways for speech and language therapists into senior leadership roles in mental health services are limited.

Allowing access to AC/RC roles would provide a clear route into high-level, statutory decision-making positions, helping to retain experienced clinicians and strengthen leadership within the workforce.

By opening these roles to speech and language therapists, the mental health sector would enable clearer career development pathways and make mental health careers more attractive to new entrants.

Ultimately, this would contribute to a more sustainable, resilient, and multidisciplinary workforce—aligned with the ambitions of the Mental Health Act and the wider mental health transformation agenda.

Support from professional bodies

The RCSLT fully supports the extension of the AC and RC roles to speech and language therapists and recognises that speech and language therapists possess the necessary clinical expertise, leadership capabilities and competencies to undertake these roles safely and effectively.

Incorporating speech and language therapists into the AC/RC framework would reflect modern, multidisciplinary models of care, ensuring that statutory responsibilities are distributed across a broader, more diverse professional base. This extension is a positive step towards building a more inclusive mental health workforce, better equipped to meet the complex needs of service users.

As per the 2015 Approved Clinician Instructions, speech and language therapists can demonstrate the competencies required of other eligible non-medical professionals. Their experience in leading care decisions, managing clinical risk, assessing capacity and improving

patient outcomes makes them well suited for these roles. Just as other non-medical professionals have successfully taken on Approved Clinician roles with appropriate training, speech and language therapists are equally well-positioned to do the same.

The inclusion of speech and language therapists as ACs and RCs is a logical, evidence-based extension of their existing clinical responsibilities.

The RCSLT urges policymakers to implement the necessary reforms to allow speech and language therapists to train as Approved Clinicians, and where appropriate, be appointed as Responsible Clinicians under the Mental Health Act.

Appendix: definitions

Approved Clinician (AC): A mental health professional approved by the Secretary of State or an "approving body" to take certain decisions under the Mental Health Act 1983. ACs must complete specific training and meet competency requirements set out in the Approved Clinician framework.

Responsible Clinician (RC): The AC responsible for the care and treatment of a patient detained under the Mental Health Act. The RC is accountable for decisions regarding compulsory treatment, renewal of detention, and discharge planning.

Current eligibility: Currently, only psychiatrists, social workers, nurses, psychologists, and occupational therapists are eligible to train as ACs and be appointed as RCs. Speech and language therapists are excluded from this list.

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