

**Examination of Patient by an Independent AMP**  
 where there is conflict of interest in relation to medical examination for a mandatory review

**Instructions** **v7.1**

**The following form is to be used:**

by the independent AMP conducting an examination when all of the following apply:

- The patient is subject to a Compulsory Treatment Order (CTO), a s57A Compulsion Order (CO), or a Compulsion Order and Restriction Order (CORO)
- The RMO is undertaking a review under either:
  - s77(2) - first mandatory review of a CTO
  - s78(2) - further mandatory review of a CTO
  - s139(2) - first review of a CO
  - s140(2) - further review of a CO
  - s182(2) - review of a CORO
- The patient is or will be detained in an independent healthcare service
- The doctor undertaking the medical examination for the review of the order, be that the RMO or another AMP, is employed by or to provide services in or to that independent healthcare service.

In those circumstances the Mental Health (Conflict of Interest) (Scotland) Regulations 2017 require an additional examination to be carried out by an AMP who is not employed by or to provide services in or to that independent healthcare service. This additional examination must be carried out during the 2 month period in which the mandatory review must be undertaken by the RMO.

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the notification.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in  
**BLOCK CAPITALS**  
 and in BLACK or BLUE ink

For example

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Shade circles like this ->   
 Not like this ->

Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

**Patient Details**

CHI Number	<table border="1" style="border-collapse: collapse; width: 100%; height: 18px;"> <tr> <td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td><td style="width: 30px; height: 18px;"></td> </tr> </table>																																					
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The patient is detained in, or under the management / care of:																																						
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**AMP Details**

Surname

First Name

Title  GMC Number

Address

Postcode

Telephone No.

e-mail address

Approved under section 22 of the Act by:

Health Board **NHS**

**Examination Details**

I, the AMP named above, examined the patient on - Date  /  /



**Review of Conditions for Detention / Compulsion**

I consider that the relevant conditions apply in respect of the patient, and it is necessary for the patient to be subject to the measures authorised by the order / certificate

The patient has the following type(s) of mental disorder -

- Mental illness                     Yes     No
- Personality disorder             Yes     No
- Learning disability                 Yes     No

The AMP must consider whether the conditions for the relevant order are met as per the table below:

Condition <b>A dot in columns A - C indicate that the condition must be met for the relevant order / certificate</b>	Order Type		
	CTO	CO	CORO
that the patient has a mental disorder.	●	●	●
that because of the mental disorder the patient's ability to make decisions about the provision of such medical treatment is significantly impaired.	●		
that medical treatment which would be likely to prevent the mental disorder worsening; or alleviate any of the symptoms, or effects, of the disorder, is available for the patient.	●	●	●
that if the patient were not provided with such medical treatment there would be a significant risk to the patient's health safety or welfare, or to the safety of any other person.	●	●	●
that it continues to be necessary for the patient to be subject to the CTO or Compulsion Order.	●	●	●
that, as a result of the patient's mental disorder, it is necessary, in order to protect any other person from serious harm, for the patient to be detained in hospital, whether or not for medical treatment.			●
that it continues to be necessary for the patient to be subject to the restriction order.			●

**Signature / Date**

Signature  
of AMP

Date  
dd / mm / yyyy

		/			/				
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**What to do with this form**

- The AMP should please give this form to the RMO.
- The RMO should attach it to the CTO3a, CO1 or CORO1 form as appropriate.
- The RMO/Hospital managers should ensure that a copy of this form is attached to all copies of the CTO3a, CO1 or CORO1 that are submitted or sent (e.g. to the patient, the Tribunal, the MWC, the Scottish Ministers, etc).

