

Form CP1 (Originating Application): No comment (currently being amended by Court).

Form CP3 (Medical Certificate): The College suggests modification of the existing Form CP3. Form CP3 should be associated with the 'Notes to accompany the Certificate of Incapacity', prepared by the Court in consultation with the Royal College of Psychiatrists and the British Medical Association.

Form CP5 (Affidavit of Kindred and Fortune): Apart from questioning the relevance to an application for the appointment of a Receiver of Question 10 ('Does the patient hold a Driving Licence?'), the College felt it was inappropriate to comment on this form.

Form CP6 (Notice of Proceedings): No amendment recommended (currently being amended by Court).

Form CP7 (Certificate of Service): No amendment recommended (currently being amended by Court).

Leaflet PN11 (Information Pamphlet about the Work of the Court of Protection): This refers to the scale of annual administrative fees charged by the Court as set out in Rule 83 of the Court of Protection Rules 1982.

Court's Investment Policy

The College considers it would be quite inappropriate for the Court to gamble with patients' money in 'high risk' portfolios and that the Court is justified in following a conservative investment policy.

The College believes that the frequent complaint, familiar to Medical Visitors, of delay experienced by Receivers in obtaining replies and decisions from the Court in answer to written communications, arises from staff shortages. However, Medical Visitors have sometimes been able to expedite matters by arranging for a named person to be identified at the Court, with whom the Receiver can communicate by telephone when necessary.

Summary of recommendations

1. The College confirms its support for the Law Commission's

proposal to create an Enduring Power of Attorney (EPA). In its deliberations it has become aware of the potentially confusing nature of this term, EPA, implying as it does that the Power takes effect and *endures*, rather than that it takes effect only at a later stage if incapacity occurs. Use of a term such as 'Power of Attorney Against Incapacity', or a 'Deferred Power of Attorney' should obviate misunderstanding and would better indicate its nature.

The College, appreciating the balance of argument marshalled in the Law Commission Report, nevertheless feels that ways should be explored to enable rather stronger monitoring of the Power to be exercised. The present pressure on the Court of Protection should abate somewhat as the result of the availability of an EPA, and it might well be possible for the Court to give more attention to monitoring—perhaps even by random auditing of registered EPAs.

2. Mental disorder should be construed as defined in Section 1(2) of the Mental Health Act 1983 to include any other disorder or disability of mind.
3. There should be two medical certificates in support of an application for the appointment of Receiver, including one from a medical practitioner appointed under Section 12 of the Mental Health Act, 1983. The certificates should be scrutinized by the Lord Chancellor's Medical Visitors.
4. The notice of the proposal to appoint a Receiver should be served on the patient in every case.
5. The College recommends that it is desirable that the first visit to a patient after the appointment of a Receiver should be carried out by a Medical Visitor, other than to patients in NHS hospitals or local authority accommodation.
6. The Court should review the necessity for the continuation of the Receivership after an initial period of two years on the basis of a medical certificate provided by the patient's medical practitioner and subject to scrutiny by the Lord Chancellor's Medical Visitors.

Closure of Psychiatric Hospitals

The Public Policy Committee considered a letter from the Section for Social and Community Psychiatry urging the College to adopt a policy on the method of closing psychiatric hospitals by removing residual patients from one hospital to another. Council approved the following statement at its meeting on 20 March 1985:

The College has been informed that in some Regions and Districts, as large mental hospitals diminish in size and approach closure, plans have been made to move and amalgamate the residual long-stay populations from several hospitals into one large hospital which would remain open for some time.

The College regards such schemes as very unsatisfactory since they would both move patients to areas with which they are unfamiliar and would result in the continuation of some very large, mainly long-stay, institutions. It recommends the housing of residual long-stay patients in small units, preferably in the community, although a remaining

appropriately sited portion of a hospital may be suitable. Such units should be in a community to which the patient has some current ties and not merely based on availability or a catchment area of origin many years earlier.

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Royal Society of Health

The long established Royal Society of Health has produced a 'Guide to Membership' which is available from 13 Grosvenor Place, London SW1X 7EN. Membership is open to persons employed in either the public or private sector within the health and health-related professions, nutrition and environment. (Currently the entrance fee is being waived for UK applicants.)