3 February 2016

Memorandum on Key Revisions Contained in Version 3 of the Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients

This memorandum outlines the key revisions contained in Version 3 of the Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients (the "Code"). The memorandum is set out in two parts:

- Key amendments to the Code which alter the responsibilities and obligations of approved centres administering ECT; and
- Other amendments and updates to the Code.

In a number of areas, the Code has been amended to remove highly specified requirements and instead recommend approved centres to accord with best international practice. The Code includes a new section entitled 'Resources', which sets out a non-exhaustive list of international bodies and resources which are considered by the Mental Health Commission to offer guidance on what is 'best international practice'.

There have been other minor formatting and numbering changes to the Code, as well as the deletion of redundant or repeated clauses, that are not outlined in this memorandum. The purpose of this memorandum is to highlight key amendments.

Key amendments to the Code

4. Information

- The previous parts 5.3 and 5.4 have been amalgamated and amended to include the provision of information in 'any other form'.[1]

*"**4.3** Information should be provided both orally and in writing, or in any other form that is in clear and simple language that the voluntary patient can understand."*

- The previous part 5.7 has been amended to emphasize the voluntary patient's right to information at all times.

*"**4.7** The voluntary patient should be given an opportunity to raise questions at any time before, during or after a programme of ECT and these questions should be answered […]"*

5. Consent

- A new part 5.6 has been included which sets minimum requirements for the written consent. This part replaces the previous part 4.10 which required the use of a specified form to record written consent.

[1] References to 'previous' parts, refers to Version 2 of the Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients.

*"**5.6** Consent for each programme of ECT, including anaesthesia, should be obtained in written form. The form should contain, but is not limited to, the following:*

a) *Confirmation that the points at 4.1 have been discussed with the voluntary patient;*

b) *Confirmation that the voluntary patient has been provided with all relevant information; and*

c) *Confirmation that the voluntary patient understands that they may withdraw their consent at any time during the treatment session."*

6. Prescription of ECT

- The previous part 6.2 has been amended to require the 'assessment of voluntary patient' to be included within the written record of the decision to prescribe ECT.

*"**6.2** The consultant psychiatrist responsible for the care and the treatment of the voluntary patient should record the decision to prescribe ECT in the voluntary patient's clinical file. The record should include:*

e) *The assessments referred to at 7.1 to 7.5 of this Code of Practice."*

7. Patient Assessment

- The previous part 7.4 has been amended to require the cognitive assessment following a programme of ECT to be undertaken in line with best international practice. The ECT Accreditation Service (ECTAS), for example, has specific standards for post-ECT memory and cognitive assessments.

*"**7.4** A cognitive assessment, in line with best international practice, should be completed for the patient after each programme of ECT."*

8. Anaesthesia

- The former part 8.8 has been amended to require the record of anaesthesia to be filed on the voluntary patient's clinical file.

*"**8.8** The doses of all anaesthetic agents used, the voluntary patient's response and the monitor recordings before and immediately after treatment and recovery should be recorded and dated. The record should be signed by the anaesthetist and filed on the voluntary patient's clinical file."*

9. Administration of ECT

- A new part 9.1 has been included to require all staff involved in the administration of ECT to have a copy of the voluntary patient's clinical file; this includes situations where the voluntary patient has been transferred to the approved centre for the administration of ECT.

*"**9.1** The voluntary patient's clinical file and the forms that are required by this Code of Practice should be made available to all involved in the administration of ECT."*

- The previous part 9.1 has been amended to require the ECT machine to be capable of delivering an electrical dose in line with best international practice.

*"**9.3** ECT should be administered by a constant current, brief pulse ECT machine capable of delivering a wide range of electrical dose, in line with best international practice.*

- The previous part 9.5 has been amended to require starting dose regimes to be in line with best international practice.

*"**9.5** Stimulus dosing or using recommended starting dose regimes (per age/sex), in line with best international practice, should be used and recorded in the ECT record."*

10. ECT Suite

- The previous part 10.1 has been amended to require the location of the ECT suite to be in line with best international practice.

*"**10.1** ECT should only be carried out in a dedicated ECT suite in an approved centre or where deemed appropriate, in a specified location in a critical care area in a general hospital or maternity hospital, in line with best international practice."*

- A new part 10.7 has been included requiring all materials and equipment in the ECT suite to be in line with best international practice. This part replaces the previous part *11. Materials and Equipment.*

*"**10.7** All materials and equipment in the ECT suite, including emergency drugs, should be in line with best international practice."*

11. Staffing

- The previous part 12.6 has been amended to specifically require a registered nurse to be designated as having overall responsibility for nursing care for voluntary patient's receiving ECT.

*"**11.3** There should be a minimum number of two registered nursing staff in the ECT suite at all times to safely meet the needs of voluntary patients, one of whom should be designated as having overall responsibility for nursing care for voluntary patients receiving ECT."*

- A new part 11.6 has been included requiring all staff involved in ECT, not limited to nursing staff, to be trained commensurate with their role, in line with best international practice.

*"**11.6** All staff involved in ECT should be trained commensurate with their role, in line with best international practice."*

- A new part 11.7 has been included requiring all staff involved in ECT, not limited to nursing staff, to be trained in basic life support techniques. This part replaces the previous part 12.7 requiring all registered nurses involved in ECT to be trained in Professional Cardio-Pulmonary Resuscitation.

*"**11.7** All staff involved in ECT should have appropriate training and education in basic life support techniques."*

13. Clinical Governance

- A new part 13.1 has been included requiring the development of written operational policies and procedures for ECT.

*"**13.1** An approved centre where ECT is administered to voluntary patients should have written operational policies and procedures concerning ECT and should ensure that such procedures comply with this Code of Practice."*

- A new part 13.2 has been included requiring all written operational policies and procedures on ECT to be reviewed annually, taking into account any developments in best international practice.

*"**13.2** Written operational policies and procedures concerning ECT should be reviewed annually, in line with best international practice."*

- A new part 13.3 has been included setting minimum requirements for further protocols to be developed by the approved centre. The requirement for a protocol on obtaining consent for maintenance/continuation ECT replaces the previous part 4.11, which required consent for maintenance/continuation ECT to be obtained and renewed after 6 months.

*"**13.3** Specific protocols should be developed in line with best international practice including, but not limited to:*

a) *How and where the initial and subsequent doses of Dantrolene are stored;*
b) *The management of cardiac arrest;*
c) *The management of anaphylaxis;*
d) *The management of malignant hyperthermia; and*
e) *Obtaining consent for maintenance/continuation ECT."*

Other Amendments

Glossary

New definitions have been included for:

- ***Designated ECT nurse**:*
  "The named ECT nurse who has overall responsibility for nursing care for voluntary patients receiving ECT"

- ***Policy**:*
  "Written statement that clearly indicates the position of the organisation on a given subject."

Definitions have been amended for:

- ***Cognitive***:[2]
  "Mental abilities, skills or knowledge, involving receptive functions (abilities to select, acquire, classify and integrate information), memory and learning (information

[2] This definition replaces the definition of *cognitive impairment*.

storage and retrieval), thinking (mental organisation and reorganisation of information) and expressive functions."

- ***Patient**:*
  "A person to whom an involuntary admission or renewal order relates. The term patient is to be construed in accordance with Section 14 of the 2001 Act (as amended)."

Definitions have been removed for terms no longer used in the Code of Practice.

Part 2: Information and Consent

- The order of the Code has been changed so that "*4: Information*" now precedes "*5: Consent*."

8. Anaesthesia

- The previous part 8.3(f) has been amended and reworded using broad terminology; the meaning and purpose of the part is unchanged.

*"**8.3** The anaesthetist should ensure that a pre-anaesthetic assessment has been carried out and recorded in the voluntary patient's clinical file. It should include the following:*
***f)** Relevant haematology and biochemistry investigations that are needed before the start of an ECT programme;"*

- The use of the term 'ASA Grade' in part 8.4 has been replaced with 'anaesthetic risk'; the meaning and purpose of the part is unchanged.

*"**8.4** The anaesthetic risk of the voluntary patient should be assessed by the anaesthetist and recorded in the voluntary patient's clinical file. Any variation in the anaesthetic risk of the voluntary patient should be recorded before the ECT treatment session."*

12. Documentation

- The previous part 13.1 has been split into two parts and amended to specify that the ECT Register should be made accessible to the Inspector of Mental Health Services and Mental Health Commission, as required.

*"**12.1** The ECT Register should be completed for the voluntary patient on conclusion of a programme of ECT and a copy filed in the voluntary patient's clinical file.*

***12.2** The Register should be made accessible to the Inspector of Mental Health Services and/or the Mental Health Commission upon request."*

- The previous part 13.3(c) has been amended. The reference to the dose being 'set and received' has been replaced with 'prescribed and administered'; the meaning and purpose of the part is unchanged.

*"**12.4** A record of ECT should be completed after each ECT treatment session and filed in the voluntary patient's clinical file. The record should include:*
***c)** Dose (prescribed and administered);"*

ECT During Pregnancy

- The code for ‘ECT During Pregnancy’; previously part 13, has been removed. The same high standards of care, treatment and assessment should be applied to all voluntary patients.

14. Resources

- A new part has been added to the Code of Practice which sets out a non-exhaustive list of international bodies and resources which are considered by the Mental Health Commission to offer guidance on what is ‘best international practice’.
    - ECT Accreditation Service (ECTAS), Royal College of Psychiatrists, UK
    - ECT Handbook, Royal College of Psychiatrists, UK
    - National Institute for Health and Care Excellence (NICE), UK