3 February 2016

Memorandum on Key Revisions Contained in Version 3 of the Rules Governing the Use of Electro-Convulsive Therapy

This memorandum outlines the key revisions contained in Version 3 of the Rules Governing the Use of Electro-Convulsive Therapy (ECT) (the "Rules"). The memorandum is set out in two parts:

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

In a number of areas, the Rules have been amended to remove highly specified requirements and instead require approved centres to accord with best international practice. The Rules include 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 Rules, 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 Rules

Rule 2: Information

- The previous Rules 3.3 and 3.4 have been amalgamated and amended to include the provision of information in 'any other form'.[1]

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

- The previous Rule 3.8 has been amended to emphasize the patient's right to information at all times.

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

Rule 3: Consent

- A new Rule 3.5 has been included which sets minimum requirements for the written consent. This Rule replaces the previous Rule 2.9 which required the use of a specified form to record written consent.

[1] References to 'previous' Rules, refer to the Rules in Version 2 of the Rules Governing the Use of Electroconvulsive Therapy.

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

a) *Confirmation that the points at 2.1 have been discussed with the patient;*
b) *Confirmation that the patient has been provided with all relevant information; and*
c) *Confirmation that the patient understands that they may withdraw their consent at any time during the treatment session."*

Rule 4: Absence of consent

- A new Rule 4.1 has been included emphasizing the key legislative amendment: that the only time ECT can be administered without consent, is where the patient is unable to consent.

*"**4.1** ECT shall only be administered to a patient without consent where it has been determined that the patient is unable to give consent."*

- A new Rule 4.3 has been included outlining the key assessments to be made by two consultant psychiatrists in order to approve and authorise the administration of ECT without consent.

*"**4.3** Both consultant psychiatrists must assess and record the following:*
a) *How the treatment will benefit the patient;*
b) *Any discussion with and views expressed by the patient;*
c) *Any assistance provided in relation to the discussion in (b) above; and*
d) *The patient's ability to give consent to the treatment."*

Rule 5: Prescription of ECT

- The previous Rule 5.2 has been amended to require the 'patient assessment' to be included within the written record of the decision to prescribe ECT.

*"**5.2** The consultant psychiatrist responsible for the care and the treatment of the patient must record the decision to prescribe ECT in the patient's clinical file. The record must include:*
e) *The assessments referred to in Rule 6."*

Rule 6: Patient Assessment

- The previous Rule 6.4 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.

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

Rule 7: Anaesthesia

- The former Rule 7.8 has been amended to require the record of anaesthesia to be filed on the patient's clinical file.

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

Rule 8: Administration of ECT

- A new Rule 8.1 has been included to require all staff involved in the administration of ECT to have a copy of the patient's clinical file; this includes situations where the patient has been transferred to the approved centre for the administration of ECT.

*"**8.1** The patient's clinical file and the forms that are required by these Rules (including the involuntary admission order in relation to the patient) must be made available to all involved in the administration of ECT."*

- The previous Rule 8.1 has been amended to require the ECT machine to be capable of delivering an electrical dose in line with best international practice.

*"**8.3** ECT must 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 Rule 8.5 has been amended to require starting dose regimes to be in line with best international practice.

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

Rule 9: ECT Suite

- The previous Rule 9.1 has been amended to require the location of the ECT suite to be in line with best international practice.

*"**9.1** ECT must 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 Rule 9.7 has been included requiring all materials and equipment in the ECT suite to be in line with best international practice. This Rule replaces the previous *Rule 10. Materials and Equipment.*

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

Rule 10: Staffing

- The previous Rule 11.6 has been amended to specifically require a registered nurse to be designated as having overall responsibility for nursing care for patient's receiving ECT.

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

- A new Rule 10.6 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.

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

- A new Rule 10.7 has been included requiring all staff involved in ECT, not limited to nursing staff, to be trained in basic life support techniques. This Rule replaces the previous Rule 11.7 requiring all registered nurses involved in ECT to be trained in Professional Cardio-Pulmonary Resuscitation.

*"**10.7** All staff involved in ECT must have appropriate training and education in basic life support techniques"*

Rule 12: Clinical Governance

- A new Rule 12.1 has been included requiring the development of written operational policies and procedures for ECT.

*"**12.1** An approved centre where ECT is administered to patients must have written operational policies and procedures concerning ECT and must ensure that such procedures comply with these Rules."*

- A new Rule 12.2 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.

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

- A new Rule 12.3 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 Rule 2.10, which required consent for maintenance/continuation ECT to be obtained and renewed after 6 months.

*"**12.3** Specific protocols must 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 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 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 Rules.

Part 2: Information and Consent

- The order of the Rules has been changed so that "*Rule 2: Information*" now precedes "*Rule 3: Consent*."

Rule 4: Absence of consent

- The name of the specified form in Rule 4.2 has been updated:

"4.2 *Form 16: Electroconvulsive Therapy Involuntary Patient (Adult) – Unable to Consent […]*"

Rule 7: Anaesthesia

- The previous Rule 7.3(f) has been amended and reworded using broad terminology; the meaning and purpose of the Rule is unchanged.

*"**7.3** The anaesthetist must ensure that a pre-anaesthetic assessment has been carried out and recorded in the patient's clinical file. It shall include the following:*

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

f) *Relevant haematology and biochemistry investigations that are needed before the start of an ECT programme;"*

- The use of the term 'ASA Grade' in Rule 7.4 has been replaced with 'anaesthetic risk'; the meaning and purpose of the Rule is unchanged.

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

Rule 11: Documentation

- The previous Rule 12.4(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 Rule is unchanged.

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

ECT During Pregnancy

- The Rules on 'ECT During Pregnancy'; previously Part 13, have been removed. The same high standards of care, treatment and assessment should be applied to all patients.

Rule 13: Resources

- A new part has been added to the Rules 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