

Medical Radiation Practitioners Board of Victoria

Response to the Consultation Paper issued on 21 November 2011 by the Medical Radiation Practice Board of Australia

The paper includes -

Proposed Codes and Guidelines:

- Advertising guidelines
- Code of conduct for registered health practitioners
- Guidelines for mandatory notifications

and the preamble states the proposed guidelines are the same as those in place for the existing ten Boards operating since 2010.

The paper also states “the Board considers it appropriate to implement the currentguideline” for each of the three proposals but goes on to ask “whether guidance specific to the profession needs to be included “.

Advertising Guidelines

We have no recommended profession specific guidance for inclusion.

Code of Conduct for registered health practitioners

We will provide input with respect to two topics within the scope of the Code of Conduct. These are Radiation Safety and Informed Consent

Radiation Safety

An important area specific to the radiation professions not addressed in the Code of Conduct draft is Radiation Safety.

The Code of Conduct for Radiation Practitioners is incomplete without the inclusion of specific reference to this subject.

The Victorian *Code of Professional Conduct for Medical Radiation Practitioners of Victoria* includes a section “ principles of radiation safety and hygiene” and we recommend the following inclusion in the national Code document.

9. Principles of radiation safety and hygiene

The following guidelines are from the Code of Practice on Radiation Protection in the Medical Applications of Ionizing Radiation, Radiation Protection Series Publication No. 14, ARPANSA May 2008 Specific sections regarding ALARA:

9.1 OPTIMISATION

9.1.1 Radiation doses that arise from medical radiation exposures and those received by the public and occupationally exposed persons must be kept as low as reasonably achievable, economic and social factors being taken into account.

9.1.2 Equipment and methods must be selected to ensure that radiation administered to a patient for:

- (a) diagnostic purposes, including interventional radiology, is:
(i) sufficient to enable the procedure to provide the required information; and
(ii) not greater than is necessary to provide that information.
(b) therapeutic purposes:
(i) is consistent with the intended radiotherapeutic purpose of the exposure; and
(ii) will achieve the required dose(s) to the target tissue(s).

9.1.3 The amount of radiation administered to a pregnant patient must be such that the radiation dose to the embryo or fetus is minimised within the parameters of the procedure.

9.1.4 Practitioners should only accept requests for examinations or treatment that are properly authorised in accordance with established or recognised procedures.

9.1.5 Practitioners should not carry out an examination or treatment that may be considered dangerous without first confirming instructions with an authorised person and being satisfied the procedure will benefit the person receiving it.

9.2 DOSE LIMITS

9.2.1 All medical applications of ionizing radiation must be managed in such a way that radiation doses to occupationally exposed persons and members of the public do not exceed the dose limits specified in the ARPANSA publication RPS1, "Recommendations for Limiting Exposure to Ionizing Radiation (1995) and National Standard for Limiting Occupational Exposure to Ionizing Radiation (republished 2002)".

9.2.2 Dose limits do not apply to the exposure of patients as part of their diagnosis or treatment. (Refer to: <http://www.arpansa.gov.au/Publications/codes/rps.cfm>)

Code of Professional Conduct for Medical Radiation Practitioners of Victoria is available at <http://www.mrpb.vic.gov.au/cmsfiles/08%20Code%20of%20Professional%20Conduct.pdf>

Informed Consent

A second section which requires comment is Informed Consent

Our comments relate specifically to Section 3.5 - Informed consent.

This section is not appropriate for Medical Radiation Practitioners as it does not recognise that the primary responsibility for obtaining informed consent lies with the referring practitioner. The referring practitioner is in the position to know the full extent of the patient's condition/symptoms and therefore be able to assess and explain the risk/benefit to the patient. The Medical Radiation Practitioner will have a small subset of this information only as provided with the referral/request for a procedure/examination.

Secondly, Section 3.5 gives no guidance to practitioners regarding the specialist area of doses and risks associated with medical radiation procedures. The information that practitioners may need to give to patients relates to the dose from various medical radiation sources and the magnitude and type of risk. A guide to this information is available on the website of the International Commission on Radiological Protection (ICRP) (<http://www.icrp.org/index.asp>).

Appendix 1 is an extract from the Medical Radiation Practitioners Board of Victoria Code of Professional Conduct document addressing these issues.

Attached as Appendix 2 is an extract from a Department of Health, NSW, Policy Directive, titled 'Consent to Medical Treatment - Patient Information', Document Number PD2005_406
Publication date 27-Jan-2005.

The full document available at

http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_406.pdf

is a comprehensive coverage of issues relating to informed consent and clearly states the primary role of the referring practitioner. The extract includes sections addressing the role of 'other health professionals' in the process of obtaining consent.

Section 18 includes the statement "Many other procedures are performed in hospitals which are not performed by medical practitioners. In most cases, consent will be implied from the patient acquiescing to the procedure."

Section 19 concludes with "If a health care professional becomes concerned that the patient lacks a sufficient understanding about the procedure, operation or treatment to have made a valid decision to undergo that operation, procedure or treatment, the health professional should take reasonable steps to ensure the person receives the necessary additional information from the treating practitioner."

It is our strong recommendation that the code of conduct for medical radiation practitioners contain a statement similar to Section 19 as guidance to practitioners regarding informed consent.

Suggestions relating to specific sections of the draft document are below –

Page 19, Overview as a part of '2. Draft Code of conduct for registered health practitioners' includes -

'Practitioners need to obtain informed consent for the care that they provide to their patients or clients.'

This statement should be modified and we suggest as a replacement –

'Practitioners need to have established a process for obtaining informed consent is in place and if a health care professional becomes concerned that the patient lacks a sufficient understanding about the procedure, or treatment to have made a valid decision to undergo that procedure or treatment, the health professional should take reasonable steps to ensure the person receives the necessary additional information.'

Section 3.3 (j) 5th dot point states –

'obtaining informed consent from the patient or client to use the selected interpreter'

This statement should be modified and we suggest as a replacement –

'Confirming informed consent has been obtained from the patient or client to use the selected interpreter'

Section 3.5. Sections a,b,d,and e are inappropriate as they presume the medical radiation practitioner will obtain the informed consent.

They should be deleted and replaced with the statement suggested above in the Overview section.

Guidelines for mandatory notifications

We have no recommended profession specific guidance for inclusion.

Appendix 1

Extract from

Code of Professional Conduct for Medical Radiation Practitioners of Victoria

<http://www.mrpb.vic.gov.au/cmsfiles/08%20Code%20of%20Professional%20Conduct.pdf>

5. Informed consent

5.1 Informed consent is where a person voluntarily agrees to the provision of health care services after being given information sufficient to gain an understanding of the benefits and risks involved. Informed consent for an examination, investigation or treatment provision is a shared responsibility between the referring practitioner and the person performing the procedure.

In most cases consent will be implied from the patient acquiescing to the procedure.

A useful guide to the information that practitioners may need to give to patients regarding the dose from various medical radiation sources and the magnitude and type of risk is available on the website of the International Commission on Radiological Protection (ICRP) (<http://www.icrp.org/index.asp>).

Extract from

Policy Directive

Department of Health, NSW
73 Miller Street North Sydney NSW 2060
Locked Mail Bag 961 North Sydney NSW 2059
Telephone (02) 9391 9000 Fax (02) 9391 9101
<http://www.health.nsw.gov.au/policies/>

Document Number PD2005_406

Publication date 27-Jan-2005

Consent to Medical Treatment - Patient Information

18. What is the role of other nurses and other health professionals in providing information and obtaining consent for procedures that are performed by medical staff?

Administrative and nursing staff cannot be delegated the task of informing a patient about the material risks of an operation, procedure or treatment and obtaining consent, where consent is required to be documented in writing in accordance with this policy. However in some cases, an AMO may inform the patient and obtain verbal consent and subsequently ask a hospital staff member to have the patient complete the form. (Note that the AMO is still required to complete the "Provision of Information to Patient" or "Medical Advice" section of the form.) While this practice should not be encouraged, it is recognised this may be necessary in some circumstances. In these situations the staff member is not seeking the consent, they are simply having the patient confirm their prior consent. Any outstanding issues of concern to the patient should be brought to the attention of the AMO. Many other procedures are performed in hospitals which are not performed by medical practitioners. In most cases, consent will be implied from the patient acquiescing to the procedure.

19. What is the role of other nurses and other health professionals in providing information for procedures?

Patients may seek advice from another medical practitioner, nurse or other health care professionals regarding the nature of a treatment, operation or procedure. All health care professionals need to be aware they are under a general duty to exercise reasonable care where they provide any advice or information to a patient. All practitioners, including nurses, are responsible for the advice they give to patients.

In circumstances where information is sought from a health care professional who is not the practitioner responsible for ensuring that the patient is appropriately informed about a procedure and seeking consent, the health care professional should ensure that any additional advice is accurate and *documented in the patient's record*. If a health care professional becomes concerned that the patient lacks a sufficient understanding about the procedure, operation or treatment to have made a valid decision to undergo that operation, procedure or treatment, the health professional should take reasonable steps to ensure the person receives the necessary additional information from the treating practitioner.

20. Can nurse practitioners obtain consent for the treatment they perform?

Nurse practitioners are registered nurses working at an advanced practice level. They are authorised by the Nurses Registration Board of New South Wales to use the title 'nurse practitioner'. Authorised nurse practitioners may initiate medications, order diagnostic tests

and make referrals only when they are operating within guidelines approved by the Director-General. Nurse practitioners have the same obligations as do medical practitioners, when obtaining consent for the procedures which they are authorised to perform.