

RANZCR Code of Ethics

UPDATED
21 MARCH 2025



The Royal Australian
and New Zealand
College of Radiologists®

CODE OF ETHICS

PREAMBLE

The Royal Australian and New Zealand College of Radiologists (College or RANZCR) is a membership organisation driving best practice in clinical radiology and radiation oncology for the benefit of patients.

The mission of the College is to drive the appropriate, proper and safe use of radiological and radiation oncological medical services for optimum health outcomes by leading, training and sustaining our professionals. In order to achieve this, it is essential that our members maintain high professional ethical standards in. This can prove to be challenging as our members are often faced with complex situations which do not lend themselves to clear or straightforward solutions.

Through a process of consultation, the College has developed a Code of Ethics, building on the ethical foundation of medical practitioners, which defines the values and principles that underpin the best practice of radiology and radiation oncology. The Code makes explicit the standards of ethical conduct the College expects of its members. **The Code is not intended to provide easy answers or prescriptive solutions. Instead, it is to be used by our members to inform decision-making and critical reflection and to provide a framework to preserve the high standards required in our members' professional practice.**

The Code contains twelve principles, each elaborated through a series of supporting subprinciples that explain and clarify their implementation. The principles are grouped in three categories that relate to members' interactions with patients, the profession and society. The Code is not, and does not aspire to be, exhaustive or all-encompassing. Members should use their best judgement to apply the Code's principles to the situations they face in their own practice. The Code does not replace or release practitioners from their legal and regulatory obligations. The Code applies in conjunction with all other applicable codes of medical ethics and does not release clinical radiologists and radiation oncologists from the obligations and responsibilities contained in other ethical instruments or codes of practice, such as those listed in the appendix.

The Code's implementation is of the utmost importance to the College. The College will strive to ensure that the Code remains relevant by regularly reviewing and updating its principles. The Code applies to fellows, trainees and affiliates of the College. As a condition of membership, members must agree to abide by the principles contained in the Code. Any member who breaches the Code may be brought to the attention of the Board. The Code is not intended to restrict or impede clinical practice, but rather to enhance it by providing a clear statement of the high ethical standards expected by the College.

The Code has been designed for our members to assist their ethical decision-making, their practice of radiology and radiation oncology and also to provide a reference point on which to reflect on their conduct and that of their colleagues. The Code will help to ensure our profession remains strong and ready to face all future challenges.

VALUES

Our Purpose

To advance excellence in diagnostic, interventional and cancer care medicine, to optimise health outcomes for our patients and society.

Our Values

Respect

We treat each other, our members, and our stakeholders with the same dignity and respect that we would expect for ourselves. We hold each other to this standard.

Accountability

We take ownership and responsibility for our actions, behaviour, performance, and commitments.

Innovation

We encourage our people to imagine “what could be”; to be curious and brave. We recognise and celebrate new initiatives and advances in how we deliver our purpose.

Inclusivity

We foster an inclusive and safe workplace where our diverse people and members are all welcome.

Integrity

We maintain the confidence and trust of our stakeholders through our honesty, transparency, and authenticity.

RANZCR CODE OF ETHICS

THE DOCTOR AND THE PATIENT

1. Clinical radiologists and radiation oncologists must respect the right to self-determination and the humane dignity of every patient.
2. Clinical radiologists and radiation oncologists must not exploit patients.
3. Clinical radiologists and radiation oncologists must provide the best attainable and most appropriate care for their patients.
4. Clinical radiologists and radiation oncologists must maintain confidentiality of patients and their families.
5. Clinical radiologists and radiation oncologists must obtain valid informed consent from their patients before undertaking any procedure or treatment.
6. Clinical radiologists and radiation oncologists must not misuse their professional knowledge and skills.

THE DOCTOR AND THE PROFESSION

7. Clinical radiologists and radiation oncologists must continue to develop, maintain, and share their professional knowledge and skills with medical colleagues, trainees and students, as well as with other health professionals, patients and their families.
8. Clinical radiologists and radiation oncologists have a duty to attend to the health and wellbeing of their colleagues, including trainees, students and also of themselves.
9. Clinical radiologists and radiation oncologists must uphold the integrity of the medical profession. A key feature of the medical profession is to put patients first. Indeed, the Declaration of Geneva advises doctors that: The health of my patient will be my first consideration.

THE DOCTOR AND SOCIETY

10. Clinical radiologists and radiation oncologists involved in research must comply with ethical principles embodied in national and international guidelines, as well as those mandated by ethics committees.
11. Clinical radiologists and radiation oncologists must work to improve imaging and cancer care and promote community awareness of imaging and cancer care.
12. The nine ethical principles outlined guide the development of professional and practice standards regarding the research and deployment of machine learning systems (ML) and artificial intelligence tools (AI) in medicine. These principles are intended to guide all stakeholders involved in research or deployment of ML and AI including developers, health service executives and clinicians.

THE DOCTOR AND THE PATIENT

PRINCIPLE ONE Clinical radiologists and radiation oncologists must respect the right to self-determination and the essential humanity and dignity of every patient.

- 1.1 Make the well-being of the patient foremost in all interactions, treating patients with compassion and respect. Approach healthcare as a collaboration between the doctor and the patient, respecting patient choices and decisions, even if they are not the decisions you think you would make.
- 1.2 Practice the science and art of medicine to the best of your ability.
- 1.3 When a personal moral judgement or religious belief prevents you from recommending some form of therapy, inform the patient and assist in relevant referral so that they may seek care elsewhere.
- 1.4 Do not permit considerations of age, disease or disability, creed, ethnic origin, gender, sexual orientation, financial situation, nationality, political affiliation, race, social standing or any other factor affect patient care.
- 1.5 Where there are reservations regarding the appropriateness or safety of an investigation, therapy or procedure, communicate and collaborate with the patient, colleagues and referring clinician regarding other options.
- 1.6 Your obligation is to preserve life, but, where a cure is not possible, you should assess the risks and benefits of potentially life-prolonging treatments in the context of the patient, the patient's beliefs, and preferences and, any suffering the patient may experience. Where death is deemed to be imminent and where curative or life-prolonging treatment appears to be futile, do your best to ensure patients die with dignity and comfort.

THE DOCTOR AND THE PATIENT

PRINCIPLE TWO Clinical radiologists and radiation oncologists must not exploit patients.

- 2.1 Ensure that the healthcare outcome solely benefits the patient.
- 2.2 Financial gain or political agendas must not influence or determine patient care.
- 2.3 Do not support outcomes designed in the interest of particular bodies or groups if they conflict with the interests of your patient.
- 2.4 Do not exploit hope or deliver futile treatment or imaging (too much or too little).
- 2.5 Novel treatments and novel uses of existing treatments are only to be undertaken with appropriate oversight and with patient informed consent.
- 2.6 Recognise that there are patients and groups of patients who are prone to exploitation and allow this recognition to inform all of your interactions with your patients.
- 2.7 Actively promote good care when systematic issues hinder the provision of normal care and practices.
- 2.8 If the cost of your component of their care is to be borne by the patient, directly or indirectly, then, as much as possible, make them aware as soon as practicable of the fees they will be charged, and of any alternative ways to access that treatment/imaging.
- 2.9 Ensure research is as per GCP principles.
- 2.10 Maintain professional boundaries” as specified by statements issued by the Medical Board of Australia and Medical Council of New Zealand.

THE DOCTOR AND THE PATIENT

PRINCIPLE THREE **Clinical radiologists and radiation oncologists must provide the best attainable and most appropriate care for their patients.**

- 3.1. Use evidence-based clinical judgment and experience to make recommendations for treatment/imaging.
- 3.2. Practice in a way that is self-aware, conscious of your limitations and be able to refer patients to the most suitable healthcare practitioner depending on expertise and the needs of the patient including any options for more timely care.
- 3.3. Provide balanced and informed advice designed to help patients make judgments and informed decisions about their healthcare. This could include verbal, printed and/or electronic media.
- 3.4. Promote patient autonomy by making the patient fully aware of the evidence, options, potential risks and the potential benefits as well as the likelihood of each in respect of each treatment/imaging option. Where appropriate, assist patients in obtaining expert advice from relevant specialists in other disciplines where options for treatment/imaging exist.
- 3.5. Ensure all diagnostic and therapeutic care is supported by a quality assurance process and a quality improvement program.

THE DOCTOR AND THE PATIENT

PRINCIPLE FOUR **Clinical radiologists and radiation oncologists must maintain confidentiality of patients and their families.**

- 4.1. Maintain the patient's confidentiality, whether related to their medical care or not, even after the patient has, for whatever reason, left your care.
- 4.2. Exceptions to 4.1 must be taken very seriously. Exceptions may include where there is a serious risk to the patient, or another person and the breach is necessary to mitigate any such risk or where it is required by law.
- 4.3. Upon request by the patient, make available to the patient and/or another doctor a report of your findings, clinical records and treatment, including all images and reports.
- 4.4. You must only access, use and share patient records and data in a manner that is in keeping with current legislation and current modes of medical record provision including through social media.

THE DOCTOR AND THE PATIENT

PRINCIPLE FIVE **Clinical radiologists and radiation oncologists must obtain valid, informed consent from their patients before undertaking any procedure or treatment.**

- 5.1. Consent is a process and must be voluntary, properly informed and the information provided to the patient in such a degree of detail appropriate to the risks, the procedure and the patient's needs.
- 5.2. Consent must be specific to the procedure or treatment.
- 5.3. Sufficient time must be given in the circumstances to allow the patient to make an informed decision.
- 5.4. Consent can be withdrawn at any time prior to or during the procedure/treatment.
- 5.5. Patients must have the capacity to consent. If the patient does not have the capacity to consent, seek consent from the appropriate person(s) with the power to make decisions relating to the patient's medical treatment (e.g. enduring guardian, enduring power of attorney (medical treatment), guardian appointed by a guardianship tribunal or from a guardianship tribunal).
- 5.6. Understand the legislation and guidelines on informed consent. Refer to [The Faculty of Clinical Radiology Medical Imaging Consent Guidelines](#) and [The Faculty of Radiation Oncology Guidelines for Informed Consent](#).

THE DOCTOR AND THE PATIENT

PRINCIPLE SIX **Clinical radiologists and radiation oncologists must not misuse their professional knowledge and skills.**

- 6.1. Use your knowledge, skills, facilities or equipment to serve patient interests. Do not deviate from widely accepted standards of care and practice.
- 6.2. Recognise your professional limitations and be prepared to seek advice, second opinions or reviews and refer patients onwards when appropriate. Consult with your colleagues and multidisciplinary teams for the benefit of decision-making regarding your patients where appropriate.
- 6.3. When determining any fee, consider the time, skill, and experience involved in the performance of those services together with specific patient circumstances.
- 6.4. Ensure that the patient is informed as soon as practicable of your fees and other associated costs, including out of pocket costs. Encourage open discussion of health care costs, including alternative providers of care.
- 6.5. You must provide full disclosure of any interest, financial or otherwise, that you have when referring the patient to institutions or services, and in such an event you must make patients aware of alternative options.
- 6.6. If you work in a practice or institution, place your professional duties and responsibilities to the patients above the commercial interests of the owners or others who work within these practices.
- 6.7. Ensure that equipment and technology are always used appropriately.

THE DOCTOR AND THE PROFESSION

PRINCIPLE SEVEN Clinical radiologists and radiation oncologists must continue to develop, maintain, and share their professional knowledge and skills with medical colleagues, trainees and students, as well as with other health professionals, patients and their families.

- 7.1. Keep yourself up to date on relevant medical knowledge, codes of practice and legal responsibilities. Ensure that you have received the appropriate training prior to undertaking a new procedure or treatment.
- 7.2. Ensure that referring and treating practitioners are kept fully informed of all relevant information regarding the patient's condition, treatment, potential complications and side effects.
- 7.3. Foster an environment that encourages education and open discussions about patient care so that your professional knowledge and skills are shared with colleagues and students.

THE DOCTOR AND THE PROFESSION

PRINCIPLE EIGHT **Clinical radiologists and radiation oncologists have a duty to attend to the health and wellbeing of their colleagues, including trainees, students and also of themselves.**

- 8.1. Do not exploit students or colleagues under your supervision in any way. Foster a collegial environment that is inclusive and respectful of all.
- 8.2. Bullying, harassment, isolating or excluding any staff member is unacceptable.
- 8.3. If you witness or learn of bullying, discrimination or other unacceptable behaviour, you have a duty to report it to relevant authority to prevent it reoccurring.
- 8.4. Discrimination on the basis of (but not limited to) age, illness or disability, creed, ethnic origin, gender, sexual orientation, nationality, political affiliation, race, or social standing is unacceptable.
- 8.5. Clinical teaching involving patients must be conducted in an ethical manner (i.e. informed consent, right of refusal, and recognition of priority of direct patient care).
- 8.6. If teaching or training, feedback must be given in a manner that is helpful, constructive and does not humiliate the recipient of the feedback.
- 8.7. If a colleague is having health and wellbeing issues they must be supported to the best of your ability. If patient care is at risk, appropriate steps must be taken to protect patient welfare.
- 8.8. You must ensure that your mental and physical health does not adversely affect patient care. If you experience any mental or physical health issues that affect your ability to deliver appropriate patient care you must seek appropriate treatment and take action to avoid the risk of harming patients.
- 8.9. If allegations are made against a practitioner, these must be taken seriously and investigated fairly. It must be recognised that there are many reasons for making a complaint. Confidentiality about the matter must be maintained at all times to avoid further damage to the reputation of the person who is the subject of the complaint.

THE DOCTOR AND THE PROFESSION

PRINCIPLE NINE Clinical radiologists and radiation oncologists must uphold the integrity of the medical profession.

- 9.1. Maintain accurate, legible, contemporaneous clinical records/reports containing sufficient detail.
- 9.2. Ensure that doctors and other health professionals upon whom you call to assist in the care of the patients are appropriately qualified and experienced.
- 9.3. In order to provide high quality healthcare, you must safeguard clinical independence and professional integrity from the increased demands of employers, society, third parties, individual patients and governments.
- 9.4. Protecting clinical independence is essential when choosing the best treatment for patients and defending their healthcare needs against any action which would deny or restrict the provision of care.
- 9.5. Refrain from entering into any contract with a RANZCR employee, colleague or an organisation which may conflict with professional integrity, clinical independence or your primary obligation to the patient, or is illegal or could be at risk of being seen as illegal.
- 9.6. Express your criticism in a professional and constructive way. Avoid making comments which may damage the reputation of the College, a colleague, or the profession.
- 9.7. Initial concerns regarding unethical or unprofessional conduct should in the first instance be raised with the colleague or organisation concerned. If your concerns are not addressed, report suspected unethical or unprofessional conduct by a colleague or organisation to the appropriate body.
- 9.8. Where a patient alleges unethical or unprofessional conduct by another doctor, respect that patient's right to complain.
- 9.9. The College expects the conduct of its members to comply with current laws and meet the standards of contemporary society.
- 9.10. When using social media, in a professional or private capacity, exercise caution. The obligations set out in the Code apply to social media.

THE DOCTOR AND SOCIETY

PRINCIPLE TEN **Clinical radiologists and radiation oncologists involved in research must comply with ethical principles embodied in national and international guidelines, as well as those mandated by ethics committees.**

- 10.1. Accept responsibility to advance medical science by participating in properly developed, and legal, research involving human participants.
- 10.2. Ensure that responsible human research committees appraise the scientific merit and the ethical implications of the research.
- 10.3. Recognise that considerations relating to the wellbeing of individual participants in research take precedence over the interests of science or society.
- 10.4. Ensure that all research participants or their agents are fully informed and have consented to participate in the study. Never use coercion or unconscionable inducements as a means of obtaining consent.
- 10.5. Inform treating doctors of the involvement of their patients in any research project, the nature of the project and its ethical basis.
- 10.6. Respect participants' rights to withdraw from a study at any time without prejudice to medical treatment.
- 10.7. Ensure that a patient's decision not to participate in a study does not compromise the doctor-patient relationship or appropriate treatment and care.
- 10.8. Ensure that research results are reviewed by an appropriate peer group before public release.
- 10.9. Understand and comply with the principles and guidelines pertaining to research activity in their jurisdiction (e.g. [NHMRC](#), NZ [HRC](#), national and local ethics committee guidelines).
- 10.10. Negative trial outcomes and findings are just as important as positive results and must be made public, preferably by being included in peer-reviewed literature. Ensure that research paper conclusions are not biased and are a fair and true representation of the trial outcomes.

THE DOCTOR AND SOCIETY

PRINCIPLE ELEVEN **Clinical radiologists and radiation oncologists must work to improve imaging and cancer care and promote community awareness.**

- 11.1. Remember that your primary duty is to provide the patient with the best available care: you must endeavour to utilise resources in the most efficient manner.
- 11.2. Endeavour to improve the standards and quality of, and access to, medical services in the community by:
 - 11.2.1. Increasing the transparency of the provision of services.
 - 11.2.2. Accepting your share of the profession's responsibility to society in matters relating to the health and safety of the public, health education and legislation affecting the health of the community.
 - 11.2.3. Making available your special knowledge and skills to assist those responsible for the allocation of healthcare resources.
- 11.3. Recognise your responsibility to give expert evidence to assist the courts or tribunals.
- 11.4. When providing scientific information to the public, recognise your responsibility to give the generally held opinions of the profession in a form that is readily understood. When presenting any personal opinion which is contrary to the generally held opinion of the profession, indicate that this is the case.
- 11.5. Speak with integrity in your promotion and advocacy role.

THE DOCTOR AND SOCIETY

PRINCIPLE TWELVE

The development of professional and practice standards for the research and deployment of machine learning systems (ML) and artificial intelligence tools (AI) in medicine is guided by [these nine ethical principles](#).

These tools should at all times reflect the needs of patients, their care and their safety, and they should respect the clinical teams that care for them.

These principles are intended to guide all stakeholders involved in research or deployment of ML and AI including developers, health service executives and clinicians. They are also designed to complement existing medical ethical frameworks (referenced on page 3), which do not adequately address the issues likely to emerge from use of ML and AI in medicine.

In order to bridge this gap, RANZCR has developed nine ethical principles specifically to guide the following:

- development of standards of practice for research in AI tools
- regulation of market access for ML and AI
- development of standards of practice for deployment of AI tools in medicine
- upskilling of medical practitioners in ML and AI, and
- ethical use of ML and AI in medicine.

All stakeholders should take heed of all the ethical principles for AI in medicine, noting that some will have greater applicability to them.

Appendix and References

Ethics instruments

[Australian Medical Association Code of Ethics](#) (Revised 2016)

[New Zealand Medical Association Code of Ethics](#) (2014)

[The Declaration of Geneva](#), World Medical Association (1948)

[The Declaration of Helsinki](#), World Medical Association (1964)

[Oath of Hippocrates](#) (5th Century BCE, revised 1964)

[Good Medical Practice: A Code of Conduct for Doctors in Australia](#), Medical Board of Australia October 2020

[Good Medical Practice: A Guide for Doctors](#), Medical Council of New Zealand, November 2021

Research guidelines

Research in Australia is governed by guidelines issued in accordance with the [National Health and Medical Research Council \(NHMRC\) Act 1992](#).

Guidelines include:

[National Statement on Ethical Conduct in Human Research](#) (NHMRC 2007, updated 2018)

[Australian Code for the Responsible Conduct of Research](#) (NHMRC 2018)

[Guidelines and Publications](#)

Guidelines relevant to research in New Zealand include:

[Health Research Council of New Zealand](#)

[Health and Disability Ethics Committees \(HDECs\)](#)

Related documents

[The Faculty of Clinical Radiology Medical Imaging Consent Guidelines](#) (June 2019)

[Faculty of Radiation Oncology Guidelines for Informed Consent](#) (March 2021)

[RANZCP Code of Ethics](#) (November 2018)

[Health Practitioner Regulation National Law Act 2023](#) (Australia)

[Health Practitioners Competence Assurance Act 2003](#) (New Zealand)

Acknowledgement

The College developed the RANZCR Code of Ethics in partnership with The Ethics Centre. If you have an ethical issue or challenge, we encourage you to call their free Ethi-Call hotline on 1800 672 303. The Ethi-Call service is run by The Ethics Centre and is free, open Monday to Friday 9am-5pm by appointment, with sessions lasting up to one hour.

The College would like to thank the members of the Code of Ethics Working Group who led the development of the Code in 2015: A/Prof Chris Milross, Dr Tom Snow, Dr Catherine Mandel, Prof John Slavotinek, Mr John Stubbs, Mr Philip Wright, A/Prof Chris Atkinson, Ms Natalia Vukolova and Ms Madeleine d'Avigdor. The College also thanks the members of the Professional Practice Committees for both the Faculty of Radiation Oncology and the Faculty of Clinical Radiology for their contributions to the 2023 revised version of the Code of Ethics.

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Ethical issues that you wish to raise directly with the College should be put in writing and addressed to the College Board c/o the Chief Executive Officer.

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