

Capabilities in Electroconvulsive Therapy:

Expectations for Consultants and Specialty Doctors

Introduction

This document aims to promote excellence in the provision of electroconvulsive therapy (ECT), by setting out the capabilities expected of senior psychiatrists working in ECT. Specifically, it lists the minimum knowledge and skills expected of Lead ECT Consultant Psychiatrists and of consultants and senior specialty doctors who provide sessional work in ECT clinics.

Other documents

This document complements *Capabilities in Electroconvulsive Therapy: Expectations for Core and Higher Training* and supersedes the previous *Guide to Gaining Capabilities in the Practice of ECT*, which covered both training- and career-grade doctors.

Minimum professional requirements

Safe administration of ECT without direct supervision requires not only the knowledge and skills set out in this document, but also a level of general medical and psychiatric expertise gained through broader training and experience. Consequently, doctors should only be considered for a role that involves unsupervised administration of ECT if they:

- are on the Specialist Register for psychiatry, *or*
- have successfully completed core training in psychiatry in the UK, *or*
- are employed directly by the NHS in a locum consultant post, *or*
- are employed in a substantive senior specialty doctor post and have at least 8 years' experience in psychiatry, *or*
- are on the GP Register or Specialist Register for another medical specialty and have at least 3 years' experience in psychiatry.

Methods of achieving capabilities

Most senior psychiatrists will have gained capabilities in ECT during their postgraduate training. However, many have followed career paths that have not included formal structured training in the UK. Others will have completed training a long time ago. Consequently, many psychiatrists considering work in ECT may have had either insufficient or outdated experience in the field.

If a senior psychiatrist has recently successfully completed core or higher specialty training in the UK and has had the capabilities in the document *Capabilities in Electroconvulsive Therapy: Expectations for Core and Higher Training* signed off in the past 12 months, they may not need to attend further supervised sessions before practising unsupervised.

All other consultants and specialty doctors planning to work in ECT should undertake a series of clinical sessions under the supervision of established ECT psychiatrist(s) who meet the capabilities set out in this document, primarily the clinic's Lead ECT Consultant Psychiatrist.

The number of supervised sessions that a senior psychiatrist should attend before being rostered to practise unsupervised will vary, but it is unusual to require fewer than three. The precise number will depend on the number of patients per session, the variety of patients and treatment modalities encountered, recency of previous training and individual learning styles.

This practical learning should be complemented by self-directed development of factual knowledge, guided by the Lead ECT Consultant Psychiatrist. In addition, formal teaching on ECT, such as the annual national training day organised by the Royal College, is highly encouraged.

Completion of capabilities

The local Lead ECT Consultant Psychiatrist may sign off this document once a senior psychiatrist has met all the capabilities listed in Sections A, B and C. The psychiatrist may then be rostered to deliver ECT unsupervised.

Maintaining capabilities

If senior psychiatrists are to maintain capabilities in ECT in the long term, it is vital they conduct sessions frequently. Notwithstanding occasional leave of absence, the minimum regular interval between rostered sessions compatible with maintenance of capabilities is one month. Put another way, psychiatrists should administer ECT at least 10 to 12 times a year if they plan to continue in the role.

All psychiatrists providing sessional work should annually perform an ECT list in the presence of their clinic's Lead ECT Consultant Psychiatrist, who should then sign off this document if assured that the doctor still meets all the capabilities listed in Sections A, B and C.

Lead ECT Consultant Psychiatrists

All the minimum requirements and recommendations set out above also apply to consultant psychiatrists in lead roles. In addition to Sections A, B and C below, established lead consultants should also meet the capabilities listed in Section D. Identifying an individual appropriately qualified to sign off this document for a lead consultant may be challenging. It is suggested neighbouring clinics make reciprocal arrangements for lead consultants to visit on an annual basis to appraise one another's knowledge and skills.

Name: _____

A. Knowledge

These capabilities should be verbally assessed. Being "fully conversant" means the psychiatrist can accurately explain all the important features to a standard that shows sufficient understanding to allow them to competently and independently apply the knowledge.

	Capability	Date	Signature
1.	<p><i>Basic medical knowledge</i></p> <p>Fully conversant with</p> <ul style="list-style-type: none"> • diagnostic indications • clinical scenarios that indicate ECT • beneficial effects vs other treatments • physiological effects, including autonomic • induction agents and muscle relaxants • relative contraindications and cautions • risks • side effects. 		
2.	<p><i>Local protocols</i></p> <p>Fully conversant with local procedures on all aspects of ECT provision, including</p> <ul style="list-style-type: none"> • referral and acceptance of patients • preparation of patients by referring doctors • specific requirements for outpatients • balancing risks and benefits, including concerns over physical fitness to receive ECT and anaesthesia • choice of electrode placement • stimulus dosing protocol • when to restimulate • management of prolonged seizure • monitoring of side effects, including cognitive effects • discontinuation of acute ECT • continuation and maintenance ECT. 		
3.	<p><i>Legal frameworks</i></p> <p>Fully conversant with frameworks for legal authorisation of ECT, namely</p> <ul style="list-style-type: none"> • informed consent • formal procedures under applicable mental health and mental capacity laws. 		

Name: _____

(cont.)

	Capability	Date	Signature
4.	<p><i>NICE guidelines</i></p> <p>Fully conversant with publications relevant to ECT, specifically</p> <ul style="list-style-type: none"> • TA59 • NG222. 		
5.	<p><i>Evidence base</i></p> <p>Fully conversant with studies confirming the</p> <ul style="list-style-type: none"> • safety of ECT • efficacy of ECT for primary indications. 		
6.	<p><i>Mechanism of action</i></p> <p>Awareness of current theories.</p>		
7.	<p><i>National quality standards</i></p> <p>Awareness of ECTAS or SEAN standards.</p>		

Name: _____

B. Clinical skills

These capabilities should be directly observed. Psychiatrists should be "fully conversant" with each clinical skill, i.e. they should be able to carry out the task to a standard that shows sufficient skill and understanding to allow them to carry it out competently and independently.

	Capability	Date	Signature
1.	<p><i>Preparation for treatment</i></p> <p>Able to</p> <ul style="list-style-type: none"> • decide upon the dose • set the machine to the dose • communicate clearly and sensitively with the patient • attach the EEG leads. 		
2.	<p><i>Delivery of treatment</i></p> <p>Able to</p> <ul style="list-style-type: none"> • apply treatment electrodes bilaterally and unilaterally • test impedance • communicate clearly with the rest of the clinical team during treatment. 		
3.	<p><i>Monitoring</i></p> <p>Able to</p> <ul style="list-style-type: none"> • observe and assess the convulsion • observe and end the EEG trace • interpret the EEG. 		
4.	<p><i>Recording</i></p> <p>Able to</p> <ul style="list-style-type: none"> • correctly detail the treatment in the patient record • devise and document a plan for the next session. 		

Name: _____

C. Further capabilities (all psychiatrists)

	Capability	Date	Signature
1.	Immediate Life Support training (evidenced by certificate from the past 12 months).		
2.	6 hours of ECT-related CPD in the last CPD year (evidenced by CPD return).		
3.	Working knowledge of the RCPsych's <i>ECT Handbook</i> .		
4.	Experience of teaching and supervision of medical students and/or trainees.		

D. Further capabilities (Lead ECT Consultant Psychiatrists only)

	Capability	Date	Signature
1.	Ability to advise consultant colleagues on <ul style="list-style-type: none"> • suitability of a patient for ECT • choice of electrode placement • drug treatment during ECT • management of side effects. 		
2.	Leading role in review of policies and protocols in the ECT clinic.		
3.	Leading role in clinical audit of ECT practice (evidenced by audit report from past 3 years).		
4.	<i>Fully conversant</i> with ECTAS or SEAN standards.		
5.	Leading role in the local ECTAS or SEAN accreditation process.		

Signed _____ Name _____ Date _____

Lead ECT Consultant Psychiatrist